

## CHANGE OF INFORMATION FORM

PENSIONER OR BENEFICIARY

PENSIONER/BENEFICIARY INFORMATION (THIS SECTION MUST BE COMPLETED)					
SIN or LPF Member ID Number	Date of Birth (yyyy/mm/dd)			Gender	
Last Name	First Name		Middle Name		
PREVIOUS ADDRESS					
Address				Apt/ Suite #	
City		Province	Postal Code	Country	
NEW PENSIONER/BENEFICIARY INFORMATION					
> Update/Change Address (Please print)					
Address				Apt/ Suite #	
City		Province	Postal Code	Country	
> Update/ Change Personal Information (Please print)					
Email					
Primary Phone		Other Phone			
AUTHORIZATION AND SIGNATURE (THIS SECTION MUST BE COMPLETED)					
Please note: I understand that the information provided above (including my social insurance number) may be disclosed to third parties for the purpose of administering my pension benefits and I hereby consent to the use and disclosure of this information for such purposes. I acknowl-edge that it is my responsibility to advise the LiUNA Pension Fund of any change of address and marital status.					

l,	(print name) authorize the changes noted above.
Signature	Date (yyyy/mm/dd)