

Please return this original form to the LPF Office by regular mail. Faxed/scanned copies are not accepted by Service Canada.

MEMBER INFORMATION

SIN or LPF Member ID Number				Date of Birth (yyyy/mm/dd)				Home Local		Gender	
Last Name				First Name				Middle Name			
Address								Apt/Suite #			
City				Province		Postal Code		Country			
Email				Primary Phone				Other Phone			

AUTHORIZATION AND SIGNATURE (THIS SECTION MUST BE COMPLETED)

I, _____, (print name) hereby authorize the LiUNA Pension Fund of Central and Eastern Canada to request any information concerning my employment history/record of earnings from Service Canada and I authorize Service Canada to provide the LiUNA Pension Fund of Central and Eastern Canada with this information.

Signature				Date (yyyy/mm/dd)			
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