

Use this form to update /change your personal information. To make changes to your name, SIN and/or marital status, certified copies of official documentation are required to accept the change. To change your beneficiary, please complete the Beneficiary Designation Form.

**MEMBER INFORMATION (THIS SECTION MUST BE COMPLETED)**

SIN or LPF Member ID Number  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	Date of Birth (yyyy/mm/dd)	Home Local	Gender
Last Name	First Name	Middle Name	

**PREVIOUS ADDRESS**

Address			Apt/ Suite #
City	Province	Postal Code	Country

**UPDATED ADDRESS / INFORMATION**

**➤ Update/Change Address** (Please print)

Address			Apt/ Suite #
City	Province	Postal Code	Country
Email	Primary Phone	Other Phone	

**➤ Update Name/Date of Birth** (Please provide a certified copy of your Proof of Age or Name Change Document)

Last Name	First Name
Middle Name	Date of Birth (yyyy/mm/dd)

**➤ Update Marital Status** (Please provide a certified copy of your Marital Status Document)

If you are separated or divorced, please provide our office with copies of all court orders and/or agreements about your separation or divorce. If you are widowed, please provide our office with a copy of your Spouse's death certificate.

- Married     Common-law     Divorced     Separated     Widowed     Single

**If Married:** Provide date of marriage

**If Common-Law:** Provide date of cohabitation    ➤    Date \_\_\_\_\_ (yyyy/mm/dd)

**➤ Update Spouse or Common-Law Partner**

Social Insurance Number  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	Date of Birth (yyyy/mm/dd)	Gender
Last Name	First Name	Middle Name

**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 acknowledge that it is my responsibility to advise the LiUNA Pension Fund of any change of address and marital status.

Signature	Date (yyyy/mm/dd)
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