

**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			

**► Select the items that apply to this authorization**

- |  |   |
|--|---|
| <input type="checkbox"/> Annual Benefit Statement                | <input type="checkbox"/> Pension Estimate               |
| <input type="checkbox"/> Detailed Employment Work History Report | <input type="checkbox"/> Payment Election Documentation |
| <input type="checkbox"/> Employee Work History Printout          | <input type="checkbox"/> Pension Application            |
| <input type="checkbox"/> Service Canada Employment History       | <input type="checkbox"/> Termination Documentation      |
| <input type="checkbox"/> Initial Payment Letter                  | <input type="checkbox"/> Other (please describe)        |
| <input type="checkbox"/> Marriage Breakdown Documentation        | _____   |

**► Authorization Period**

- For this request only
- Until I withdraw the consent (Note: if you are not a pensioner, you will have the option to name a new authorized person when you apply for your pension which will override any previously authorized persons)

**AUTHORIZATION AND SIGNATURE (THIS SECTION MUST BE COMPLETED)**

I, \_\_\_\_\_ (print name) hereby declare that I am a member of the LIUNA Pension Fund of Central and Eastern Canada (the Fund), and I hereby consent to the Fund's disclosure of information regarding my pension to the following person / organization representative".

Name of Authorized Person/Organization and Title

Address

City	Province	Postal Code	Country
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Signature of Member	Date (yyyy/mm/dd)
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Signature of Witness (The Witness cannot be the person being authorized by the Member)	Date (yyyy/mm/dd)
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