

<b>PENSIONER/BENEFICIARY INFORMATION</b>					
SIN or LPF Member ID Number		Last Name		First Name and Initial	
Date of Birth (dd/mm/yyyy)	Sex (please circle) M F	Email			
Address - Is this a new address? (please circle) YES NO				City	Prov
Postal Code	Country	Home Phone	Mobile Phone	Work/Daytime Phone	
<b>BANKING INFORMATION</b> (Must be completed by Financial Institution)					
<b>Please complete the banking information below and attach a void cheque</b>					
Financial Institution Name		Address		City	Prov
Institution Number	Transit Number		Account Number		
<input type="text"/>	<input type="text"/>		<input type="text"/>		
Name(s) of account holder(s)			Signature of Financial Institution Official		
Telephone/ Fax number of Financial Institution			Date (dd/mm/yyyy)		
<b>AUTHORIZATION AND SIGNATURE</b> (This section must be completed)					
<p>I, _____ hereby authorize the LiUNA            _____            (print name)            Pension Fund of Central &amp; Eastern Canada to deposit, until further notice, my monthly pension payment into my account noted herein by means of Direct Deposit.</p>					
Signature:			Date: (dd/mm/yyyy)		