

PENSIONER/BENEFICIARY INFORMATION

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|--|---------|-------------------------------|--------------|------------------------|------|
| 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 | |

BANKING INFORMATION (Must be completed by Financial Institution)

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|--|--|-------------|---|---------|---------------|
| Financial Institution Name | | | Address | | |
| City | | Postal Code | | Country | |
| International Bank Account Number (IBAN) | | | | | |
| BIC SWIFT | | | ABA No. (USA only) | | Currency Code |
| Name(s) of account holder(s) | | | Signature of Financial Institution Official | | |

AUTHORIZATION AND SIGNATURE (This section must be completed)

I, _____, hereby authorize the LiUNA Pension Fund of Central & Eastern Canada (LPF) to convert Canadian Dollars to the currency of my country of residence and to deposit until further notice my monthly pension payment into my account noted herein by means of Direct Deposit.

I hereby agree to accept the exchange rate applied to the said payment and I am aware that my payment may vary from month to month depending on the exchange rate that is applied on the last banking day of the month.

I hereby agree to have the monthly service fee (\$0.25 to \$1.00) deducted from my net payment in Canadian dollars.

I acknowledge that I am responsible for advising the LPF of any changes of banking information and/or mailing address and that failure to do so may lead to additional service fees or a temporary suspension of benefits.

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|-----------|--------------------|
| Signature | Date: (dd/mm/yyyy) |
|-----------|--------------------|