



# LPF Pension Plan Enrollment Card

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>Local Union</b>  | <b>Social Insurance Number</b>            | <b>Last Name</b>                           | <b>First Name</b>                       |  | <b>Middle Initial</b>  |
| <b>Apt # / Unit #</b>   | <b>House / Building # and Street Name</b> |  | <b>PO Box / RR #</b>                    | <b>City</b>                                |  |
| <b>Province</b>   | <b>Postal Code</b>                        | <b>Telephone Home:</b><br><b>Cellular:</b> | <b>Email:</b>                           |  |  |
| <b>Sex (circle)</b><br>M    F   | <b>Date of Birth</b><br>Y/    M/    D/    | <b>Marital Status (Please check one)</b>   |   |  |  |
|   |   | <input type="checkbox"/> <b>Single</b>     | <input type="checkbox"/> <b>Married</b> | <input type="checkbox"/> <b>Common-Law</b> | <input type="checkbox"/> <b>Separated</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/> <b>Widowed</b> |
| <b>If Married, Date of Marriage: (if Common-Law Partner, Date of Cohabitation):</b> |   |  | <b>Year/</b>                            | <b>Month/</b>                              | <b>Day/</b>  |
| <b>Last Name of Spouse of Common-Law Partner</b>                                    |   | <b>First Name</b>                          | <b>Middle Initial</b>                   | <b>Sex (circle)</b><br>M    F              | <b>Date of Birth</b><br>Y/    M/    D/   |

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.

|                            |
|----------------------------|
| <b>FOR OFFICE USE ONLY</b> |
| <b>Analyst Initial:</b>    |
| <b>Date:</b>               |

\_\_\_\_\_  
**Member's Signature**

\_\_\_\_\_  
**Date    yyy / mm / dd**

PLEASE MAIL TO: LiUNA Pension Fund, P.O. Box 9002, Lakeshore West PO, Oakville ON L6K 0G1  
QUESTIONS? Please call 289-291-3663 or 1-866-932-1100

