



Your personal/pension information is protected under the Privacy Act. The Fund will not disclose your confidential information to others unless we obtain signed consent to do so. Therefore, if you wish to have the Fund's administration staff to disclose pension information with others please complete the following form.

1. Member Information

Last Name		First Name		Member ID Number /SIN	
Address			City	Province	Postal Code

2. Authorization and Signature

I hereby declare that I am a member of the Labourers' 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/Organization and Title				
Address		City	Province	Postal Code

I am consenting to have disclosed the following information

- Annual Benefit Statement
- Detailed Employment Work History Report
- Employee Work History Printout
- Service Canada Employment History
- Initial Payment Letter
- Marriage Breakdown documentation
- Pension Estimate

- Option Election documentation
- Pension Application
- Termination Statement
- Other (please describe)

This Authorization is valid:

- for this request only.
- a period of one year.
- Until I withdraw the consent or cease to be a Member of the Fund

Signature of Member: _____ **Date:** _____

Signature of Witness: _____ **Date:** _____

The witness cannot be the person being authorized by the member

Please mail or fax this form. If you fax it, please do not mail the original

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