

Member Change of Address Form

Submit to: LiUNA Local 183 Trust Administration | 1263 Wilson Avenue, Suite 205 | Toronto, ON M3M 3G2 | Tel: (416) 240 - 7487 | Toll Free: 1 - 888 - 790 - 3534

A. Member Updated Information (Please Print)						
Last Name		First Name		Gender	Male	Female
Address				Date of Birth (m/d/y)		
Town/City Provin			Province	Postal Code		
Union ID OR Social Insurance Number (SIN)				Country		
Email Address				Telephone No.		
Marital Status	Married Common-Law	Single Separated	Divorced Widow	Cell No.		
B. Previous Contact Information						
Previous Address:						
		Apt No. / House No.	Street Name			
	_	City	Postal Code			
		ony	1 Villa dono			
Previous Pho	ne Number: <u>(</u>) -				
C. Member Dis	sclosure Author	ization				
I hereby authorize LiUNA Local 183 Members' Benefit Fund to update my member profile as designated above as I solemnly declare said information to be true and accurate.						
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Member Name:			Date:			
		(Please Print)				
Member Signatur	re:		Witness:			