



Retiree Program Withdrawal Notification Form

Submit to: LiUNA Local 506 Trust Administration | 3750 Chesswood Dr. - Suite 1 | Toronto, ON M3J 2W6 | Tel: (416) 506-8841 | Email: info@506membersbenefits.ca

A. Member Information (Please Print)				
Last Name	First Name	Gender	Male	Female
Address		Date of Birth (m/d/y)		
City		Province	Postal Code	
Union ID or Social Insurance Number (SIN)		Country		
Email Address		Cell No.		
Are you the (please check one)		Member		Estate *(Please complete Section B)
				Telephone No.

B. Estate Information *					
Last Name	First Name	Birth Date			Retiree Benefit Program
		Day	Month	Year	
					Policy # 164023

C. Disclosure
<p>I, _____, hereby instruct that coverage under the above policy is to be TERMINATED effective on _____.</p> <p style="margin-left: 40px;">(mm/dd/yyyy)</p> <p>I understand that once I withdraw from the program, I am unable to re-enter at a later date.</p> <p><u>There will be no exceptions to this policy.</u></p>

D. Member or Estate Authorization
<p>Signature: _____ Date: _____</p> <p>Witness Signature: _____ Date: _____</p>

OFFICE USE ONLY
<p>Month of Termination of Benefits: _____</p> <p>Administrator Signature: _____ Date: _____</p>

Please complete, print, sign, and return by fax: (416) 506-8833 **or** by email at info@506membersbenefits.ca