



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:				Birth Date (m/y/d):		
Town/City:			Province:		Postal Code:	
Union ID <i>or</i> Social Insurance Number (SIN):				Telephone #:		
Email Address:				Cell #:		
Marital Status:		Married/Common Law		Single		Plan:
						Construction
						Industrial

B. Transfer Information

Please be advised that the above-mentioned member has instructed us to transfer his/her hours.

FROM Local: _____

TO Local: _____

C. Member Disclosure Authorization

Member Name: _____
(Print Name)

Member Signature: _____

Witness Signature: _____

Date Signed: _____