



Member Registration and Change

LA1

trans code
 plan
 employer number
 member social insurance number

(1) Mr.
 (2) Mrs.
 (3) Ms.
 (4) Dr.
 title (please check one)

first name
 middle name
 last name

member information

type
 (A) add
 (C) change
 (please check one)
 date contributions commenced (YYYYMMDD)

(F) female
 (M) male
 date of birth (YYYYMMDD)
 (N) no
 (Y) yes
 gender
 verified date of birth? (please check one)

(M) married
 (C) pension partner
 (S) single
 (W) widowed
 (D) divorced
 (O) separated
 marital status (please check one)

employee number (optional)
 department number (optional)

Only complete if the field called 'registration' is marked 'C' and the member's social insurance number or last name has changed.

new last name
 new social insurance number

member contact information (mailing address)

address line 1
 address effective date (YYYYMMDD)
 address line 2
 member email address

city
 province
 postal code
 country code if outside Canada or US

(1) home
 (2) work
 (3) cell
 area code
 phone number
 extension
 country code
 daytime phone number type (please check one)
 (if outside Canada or US)

employer certification

name of authorized person
 phone number
 authorized signature
 date (YYYYMMDD)

I certify this employee is eligible to participate in the Local Authorities Pension Plan and the information entered on this form is correct. Where the *verified date of birth* field has been marked as:

- **yes**, the employee has provided acceptable documents as outlined in the *employer manual* to verify the date of birth.
- **no**, the employee is responsible for the completion, signing and return of the *Member Date of Birth Record* form.