

ATTN: CAMERON Cassidy / From: Catherine
Cameron

Fax: 1 807-622-3024

NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

Contact Information For
NALSC Workers

Serving Nishnawbe-Aski Nation



Updated - November 9, 2021

Application for membership in a registered pension plan

Return to Great-West Life, Group Retirement Services

1-800-724-3402

SECTION 1 – EMPLOYER/PLAN SPONSOR INFORMATION

Name of employer/plan sponsor NAN Legal Services Corporation.	Policy/plan number
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SECTION 2 – ISSUER INFORMATION

The group annuity product for the registered pension plan is issued by London Life Insurance Company (the Issuer) 255 Dufferin Avenue, London, ON N6A 4K1. London Life is a subsidiary of Great-West Life. The Great-West Life Assurance Company and key design are trade-marks of Great-West Life, used under licence by London Life for the promotion and marketing of insurance products.

SECTION 3 – APPLICANT INFORMATION (please print)

Last name CAMERON	Middle initial	First name CATHERINE	Division/subgroup	Identification/employee number
Social insurance number (SIN) 485 877 138	Date of employment 2021 / 12 / 13	Date of birth 1971 / 10 / 11	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Language <input checked="" type="checkbox"/> English <input type="checkbox"/> French

I authorize the use of my SIN for tax reporting, identification and record keeping

Marital status: <input type="checkbox"/> Married <input checked="" type="checkbox"/> Common law <input type="checkbox"/> Quebec civil union <input type="checkbox"/> Single <input type="checkbox"/> Other	Last name of spouse/partner LONDON	First name GARNET	Email address Cameron-Catherine@hotmail.com
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Required for online access and to email information about the plan or services connected with it

Address (apt. no., street no., street)
605 ~~Wabasseway~~, 605 CAMERON Drive, General Delivery

City White dog	Province ONT	Postal code POX 1P0
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If the above address is a PO box, general delivery or rural route, also include the civic or street address below

Address (apt. no., street no., street) 605 - Cameron Drive	City White dog	Province ONT	Postal code POX 1P0
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Telephone no. 807-447-6045	Ext. —	Alternate telephone no. 807-927-2158	Province of employment Ontario	Date joined plan yyyy mm dd
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Registry number (Status Indian) (minimum 10 digits) **1500084601**

Is the applicant a connected person? Yes* No *Form T1007 must be filed by the employer with Canada Revenue Agency (the plan administrator can help determine whether the applicant is a connected person).

SECTION 4 – BENEFICIARY INFORMATION

Primary beneficiary(ies) on my death

Last Name	First name	Date of birth yyyy mm dd	Relationship to me	% of benefit
Ronan D.	Cameron	DEC 1, 1993	SON	50%
Cheyenne K.	Cameron	OCT 6, 1996	Daughter	50%
				Total 100%

Unless the law requires otherwise, if one of my primary beneficiaries predeceases me, their share will be paid to the surviving primary beneficiaries in equal shares, or if there is no surviving primary beneficiary(ies), to my contingent beneficiary(ies) named below. If there is no contingent beneficiary(ies), the benefit will be paid to my estate.

Contingent beneficiary(ies) on my death

Last Name	First name	Date of birth yyyy mm dd	Relationship to me	% of benefit
Garnet	Landon	Sept 27, 1964	Common-law	
				Total 100%

Application for membership in a registered pension plan (continued)

SECTION 4 – BENEFICIARY INFORMATION (continued)

Contingent beneficiary(ies) on my death (continued)

These designations are for all benefits payable under the plan unless pension legislation or the terms of the plan require payment to my spouse or common-law partner.

All beneficiary designations are revocable **except**:

- where a *Designation of irrevocable beneficiary* form is completed
- where Quebec law applies and I have designated my married or civil union spouse as my beneficiary - the box below applies.

Where Quebec law applies:

- If I designate my married or civil union spouse as my beneficiary, they will be irrevocable unless I check the box below. If not, restrictions will apply, unless I obtain the consent of my spouse. For example, I will be prevented from changing my beneficiary, making withdrawals (where permitted) or exercising certain other rights.
I designate my married or civil union spouse as my revocable beneficiary.
- Where a minor beneficiary or a person who lacks legal capacity resides in Quebec - Benefits payable under this plan to a beneficiary who, at the time payment is to be made, is a minor or lacks capacity, will be paid to their tutor(s) or curator, unless a valid trust has been established for the benefit of the beneficiary, by will or by separate contract, to receive any such payment and the Issuer has been provided notice of the trust. If a trust has already been established, designate the trust as the beneficiary in this section. **Before designating a trust, legal advice should be sought.**

SECTION 5 – TRUSTEE APPOINTMENT

(to be completed if any of the beneficiaries are minors or otherwise lack legal capacity AND DO NOT RESIDE IN QUEBEC)

If a formal trust does not exist, I hereby appoint:

Full name of trustee being appointed (last name, then first)	Trustee for (indicate beneficiary name)	Relationship of trustee to me

as trustee to receive, in trust, all benefits payable to any beneficiary designated under the plan who, at the time benefits are paid, is a minor or lacks legal capacity to give a valid discharge according to the laws of the beneficiary's domicile. Payment of benefits to the trustee discharges the Issuer to the extent of the payment. I authorize the trustee in their sole discretion to use the benefits for the education or maintenance of the beneficiary and to exercise any right of the beneficiary under the plan. The trustee may, in addition to the investments authorized for trustees, invest in any product of, or offered by the Issuer or its affiliated financial institutions. The trust for any beneficiary will terminate once that beneficiary is both of age of majority and has legal capacity to give a valid discharge. I direct the trustee to deliver at that time to the beneficiary the assets held in trust for that beneficiary. I or my personal representative may by writing appoint a new trustee to replace the former trustee.

SECTION 6 – PAYROLL DEDUCTION AUTHORIZATION

I authorize my employer to deduct the following from each pay:

- member required contributions under the provisions of the plan; 9% and,
- if permitted by the plan, additional voluntary contributions of 6%. I reserve the right to alter or discontinue this option.

SECTION 7 – INVESTMENT SELECTION

Select investment(s) if the plan sponsor/plan administrator has given members the right to select investments for all or part of the contributions to the plan. If a selection is not made, contributions will be invested in the default investment.

Name of investment and/or code	Percentage	Name of investment and/or code	Percentage
<u>Catherine Cameron cc</u>	%		%
	%		%
	%		%

Total allocation must equal 100%

SECTION 8 – CONFIDENTIAL INFORMATION FILE

The Issuer will establish a confidential information file that contains personal information concerning the applicant. By submitting a written request to the Issuer, the applicant may exercise rights of access to, and rectification of, the file. The Issuer will collect, use and disclose the applicant's personal information to: process this application and provide, administer and service the plan applied for (including service quality assessments by or on behalf of the Issuer); advise the applicant of products and services to help the applicant plan for financial security; investigate, if required, and pay benefits under the plan; create and maintain records concerning our relationship as appropriate; and, fulfil such other purposes as are directly related to the preceding. The Issuer may use service providers within or outside Canada. Personal information concerning the applicant will only be available to the applicant, plan sponsor, plan administrator, pension and related government authorities, the Issuer, its affiliates, and any duly authorized employees, agents and representatives of the Issuer or its affiliates, within or outside Canada, for or related to the purpose of the plan, except as otherwise may be required, authorized or allowed by law or legal process, or by the applicant. In all cases, availability is subject to lawful determination by the Issuer. Personal information is collected, used, disclosed, or otherwise processed or handled in accordance with governing law, including applicable privacy legislation, and the applicant's personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. For more information about our privacy practices, please ask for a copy of our Privacy Guidelines brochure.

SECTION 9 – SIGNATURE

I confirm the information on this form and will update it in the future as it changes. I am aware of the reasons the information covered by my authorizations and consents is needed, and the benefits of, and the risks of not, authorizing/consenting. I authorize and consent to the Issuer collecting, using, and disclosing personal information concerning me for the purposes outlined in the Confidential Information File section. This authorization and consent is given in accordance with applicable law and without limiting the authorizations and consents given elsewhere in this application. My authorizations and consents will begin the date this application is signed and end when no longer required. My authorizations and consents may be revoked at any time by either written or electronic notification to the Issuer, subject to legal and contractual considerations. A reproduction of my authorizations and consents will be as valid as the original.

Signature of applicant

Cameron

Date

Dec 13, 2021

Determination of Exemption of an Indian's Employment Income

To make sure correct information is entered, we suggest that this form be filled out by the employer, in the presence of the employee.

As an employer, you can use this form to help determine if an employee's employment income is exempt from income tax. The term "employee" on this form refers only to an employee who is an Indian as defined in the Indian Act.

Read the instructions on the next page for more information on how to fill out this form.

Employee identification

Last name (please print) <i>CAMERON</i>	Usual first name and initials <i>CATHERINE</i>	Social insurance number <i>9 8 5 8 7 7 1 3 8</i>
Residential address including postal code <i>605 Cameron Drive, White dog, Ontario Ontario R7R P0X 1P0</i>		
Is the employee's residence located on a reserve?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Indian status

Is the employee an Indian as defined in the Indian Act? Yes No

If yes, was the employee an Indian as defined in the Indian Act:

prior to 2011? *Wabaseemoong Independant Nations*

because of Bill C-3 (also known as the Gender Equity in Indian Registration Act)? Only income earned on or after January 31, 2011, may be exempt from tax.

because of the creation of the Qalipu Mi'kmaq First Nation Band? Only income earned on or after September 22, 2011, may be exempt from tax.

Type of exemption *1

The employee performs employment duties:

1. entirely on a reserve 2. entirely off a reserve 3. partially on and partially off a reserve

If you chose 3, indicate the percentage of the employment duties the employee performs on a reserve: _____ %

All of the employee's employment income is exempt from income tax if any one of the following situations applies. Check the appropriate box.

the employee performs **at least 90% *2** of the employment duties on a reserve (guideline 1);

the employee and the employer reside on a reserve (guideline 2);

the employee performs **more than 50%** of the employment duties on a reserve, and the employee or the employer resides on a reserve (guideline 3); or

the employee's employment duties are connected to the employer's non-commercial activities carried on exclusively for the benefit of Indians who, for the most part, reside on reserves and the employer resides on a reserve; **and** the employer is:

- an Indian band that has a reserve or a tribal council representing one or more Indian bands that have reserves; **or**
- an Indian organization controlled by one or more such bands or tribal councils and is dedicated exclusively to the social, cultural, educational, or economic development of Indians who, for the most part, reside on reserves (guideline 4).

*1 The type of exemption is based on the Indian Act Exemption for Employment Income Guidelines. For a full description of the Guidelines including examples of exempt income and term definitions, go to canada.ca/en/revenue-agency/services/aboriginal-peoples/indian-act-exemption-employment-income-guidelines.

*2 **Proration rule may apply:** When less than 90% of the duties of an employment are performed on a reserve and the employment income is not exempted by another guideline, the exemption is to be prorated. The exemption will apply to the portion of the income related to the duties performed on the reserve.

Employee certification

I certify that the information given on this form is correct and complete.

Signature *C Cameron* Date *Dec 13, 2024*

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the Privacy Act, individuals have the right to access their personal information, request correction, or file a complaint to the Privacy Commissioner of Canada regarding the handling of the individual's personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-info-source.

Instructions

- The employment income from a particular employment will not be exempt from income tax where one of the main reasons for that employment relationship is to establish a connecting factor to a reserve. A connecting factor is a fact which connects income to a reserve. For example, the fact that the employer is resident on a reserve is a connecting factor.
- If the employee's circumstances change, the employee will be required to fill out a new form.
- Keep a completed form on file for each employee. We may ask to review the form to verify that the income earned qualifies to be exempt from income tax based on the circumstances of the employment.
- For information on the requirements to deduct Canada Pension Plan contributions and employment insurance premiums, and for instructions on reporting requirements, see Guide T4001, Employers' Guide – Payroll Deductions and Remittances, and Guide RC4120, Employers' Guide – Filing the T4 Slip and Summary.

Employment-related income

Employment insurance benefits, retiring allowances, Canada Pension Plan benefits, Quebec Pension Plan benefits, registered pension plan benefits, and wage-loss replacement plan benefits will be exempt from income tax when they are received as a result of employment income that was exempt from tax. If a portion of the employment income was exempt, a similar portion of these amounts will be exempt.



**NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
OATH OF CONFIDENTIALITY**

As a person working at Nishnawbe-Aski Legal Services Corporation (“NALSC”) you are privy to confidential material. Confidentiality of client and NALSC information is essential. While at NALSC, you shall not disclose to any member of the public any confidential information obtained during his/her position with NALSC.

All NALSC files are to be treated as confidential material and may not be disclosed except in accordance with the provisions of NALSC’s policies and Service Agreements. No one is to read files except in so far as the position requires it. Files are not to be discussed at any time with anyone within NALSC, except for NALSC related business.

Confidentiality also applies to information about financial and personnel matters or any other confidential information that is attained during your position with NALSC. We are entrusted with the confidential records of clients and of personnel throughout the Corporation and are always expected to comply with NALSC’s Oath of Confidentiality Agreement.

EMPLOYEE STATEMENT OF NON-DISCLOSURE

I have read and understand this statement. I agree to abide by NALSC’s Oath of Confidentiality Agreement as a condition of my position at Nishnawbe-Aski Legal Services Corporation. Unauthorized disclosure of any confidential material may result in my immediate discharge from my position and may result in further legal action.

I acknowledge that I am bound by the terms of this agreement and further, that these confidentiality requirements continue after my position with NALSC has ceased.

C Cameron
SIGNATURE

Dec 13, 2021
DATE

CATHERINE CAMERON
PRINT FULL NAME

SIGNATURE OF WITNESS

Dec 13, 2021
DATE

PRINT FULL NAME OF WITNESS



**NISHNAWBE - ASKI
Legal Services Corporation**

Employee Information

1. Personal Information

Full Given Name: CAMERON CATHERINE
Last First M Initial.

Address: 605-Cameron Drive, General-Delivery
Street Address Box #
Wabaseemoong Independant Nations ON POX 1P0
City/Town Province Postal Code

Home Phone: (807) 444-6045 Alternate Phone: (807) 927-2158

Primary Email: Cameron-Catherine@hotmail-Com DOB 10 / 11 / 1971
M/D/Y

SSN #: 485-877-138 Status # 1500084601

2. Job Information

Title: Victim Witness Employee ID: _____

Supervisor: _____ Department: _____

Work Location: Kenora site office Work Email: _____

Work Phone: () Cell Phone: (807) 444-6045

Start Date: Dec 13, 2021 Benefits _____ Pension: Y / N _____

Term Date: _____ Salary: \$ _____

3. Emergency Contact Information

Full Name: Cameron Cheyenne Kelli
Last First M Initial.

Address: 92 - Hwy 17, East
Street Address Box #
Kenora ON P9N1
City/Town Province Postal Code

Primary Phone: (807) 464-2866 Alternate Phone: ()

Relationship: Daughter

Filling out Form TD1ON

Fill out this form **only** if you are an employee working in Ontario or a pensioner residing in Ontario and any of the following apply:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1ON, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

More than one employer or payer at the same time

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1ON for 2021, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1ON, **check** this box, enter "0" on line 10 and do not fill in lines 2 to 9.

Total income less than total claim amount

Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 10. Your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you wish to have more tax deducted, fill in "Additional tax to be deducted" on the federal Form TD1.

Reduction in tax deductions

You can ask to have less tax deducted on your income tax and benefit return if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-info-source.

Certification

I certify that the information given on this form is correct and complete.

Signature

*C Cameron*Date 2021-12-13

It is a serious offence to make a false return.



2021 Personal Tax Credits Return

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

Last name CAMERON	First name and initial(s) CATHERINE	Date of birth (YYYY/MM/DD) 1971-10-11	Employee number
Address 605 Cameron Drive White dog, Ont, general Delivery		Postal code P0Y 1P0	For non-residents only - Country of permanent residence
			Social insurance number

1. **Basic personal amount** – Every resident of Canada can enter a basic personal amount of \$13,808. However, if your net income from all sources will be greater than \$151,978 and you enter \$13,808, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your income from all sources will be greater than \$151,978, you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2021 Personal Tax Credits Return, and enter the calculated amount here.

2. **Canada caregiver amount for infirm children under age 18** – Either parent (but not both), may claim \$2,295 for each infirm child born in 2004 or later, that resides with both parents throughout the year. If the child does not reside with both parents throughout the year, the parent who is entitled to claim the "Amount for an eligible dependant" on Line 8 may also claim the Canada caregiver amount for that same child who is under age 18.

3. **Age amount** – If you will be 65 or older on December 31, 2021, and your net income for the year from all sources will be \$38,893 or less, enter \$7,713. If your net income for the year will be between \$38,893 and \$90,313 and you want to calculate a partial claim, get Form TD1-WS, Worksheet for the 2021 Personal Tax Credits Return, and fill in the appropriate section.

4. **Pension income amount** – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$2,000 or your estimated annual pension income, whichever is less.

5. **Tuition (full time and part time)** – If you are a student enrolled at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees, fill in this section. If you are enrolled full time or part time, enter the total of the tuition fees you will pay.

6. **Disability amount** – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$8,662.

7. **Spouse or common-law partner amount** – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be less than Line 1 (Line 1 plus \$2,295 if they are **infirm**), enter the difference between this amount and their estimated net income for the year. If their net income for the year will be Line 1 or more (Line 1 plus \$2,295 if they are **infirm**), you cannot claim this amount. In all cases, if their net income for the year will be \$24,604 or less **and they are infirm**, go to Line 9.

8. **Amount for an eligible dependant** – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you and whose net income for the year will be less than Line 1 (Line 1 plus \$2,295 if they are **infirm** and you **cannot claim the Canada caregiver amount for children under age 18 for this dependant**), enter the difference between this amount and their estimated net income. If their net income for the year will be Line 1 or more (Line 1 plus \$2,295 or more if they are **infirm**), you cannot claim this amount. In all cases, if their net income for the year will be \$24,604 or less **and they are infirm and are age 18 or older**, go to Line 9.

9. **Canada caregiver amount for eligible dependant or spouse or common-law partner** – If, at any time in the year, you support an **infirm** eligible dependant (aged 18 or older) **or an infirm** spouse or common-law partner whose net income for the year will be \$24,604 or less, get Form TD1-WS and fill in the appropriate section.

10. **Canada caregiver amount for dependant(s) age 18 or older** – If, at any time in the year, you support an **infirm** dependant age 18 or older (**other than the spouse or common-law partner or eligible dependant you claimed an amount for on Line 9, or could have claimed an amount for if their net income were under \$16,103**) whose net income for the year will be \$17,256 or less, enter \$7,348. If their net income for the year will be between \$17,256 and \$24,604 and you want to calculate a partial claim, get Form TD1-WS and fill in the appropriate section. You can claim this amount for more than one infirm dependant age 18 or older. If you are sharing this amount with another caregiver who supports the same dependant, get the Form TD1-WS and fill in the appropriate section.

11. **Amounts transferred from your spouse or common-law partner** – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition amount, or disability amount on their income tax and benefit return, enter the unused amount.

12. **Amounts transferred from a dependant** – If your dependant will not use all of their **disability amount** on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their **tuition amount** on their income tax and benefit return, enter the unused amount.

13. **TOTAL CLAIM AMOUNT** – Add Lines 1 to 12.
Your employer or payer will use this amount to determine the amount of your tax deductions.

Filling out Form TD1

Fill out this form **only** if any of the following apply:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to claim the deduction for living in a prescribed zone
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

More than one employer or payer at the same time

- If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2021, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1, **check this box**, enter "0" on Line 13 and do not fill in Lines 2 to 12.

Total income less than total claim amount

- Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on Line 13. Your employer or payer will not deduct tax from your earnings.

Non-residents (Only fill in if you are a non-resident of Canada.)

As a non-resident of Canada, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2021?

- Yes (Fill out the previous page.)
- No (Enter "0" on Line 13, and do not fill in Lines 2 to 12 as you are not entitled to the personal tax credits.)

If you are unsure of your residency status, call the international tax and non-resident enquiries line at **1-800-959-8281**.

Provincial or territorial personal tax credits return

If your claim amount on Line 13 is more than \$13,808, you also have to fill out a provincial or territorial TD1 form. If you are an employee, use the Form TD1 for your province or territory of employment. If you are a pensioner, use the Form TD1 for your province or territory of residence. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

If you are claiming the basic personal amount **only**, your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount.

Note: If you are a Saskatchewan resident supporting children under 18 at any time during 2021, you may be able to claim the child amount on Form TD1SK, 2021 Saskatchewan Personal Tax Credits Return. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

Deduction for living in a prescribed zone

If you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2021, you can claim any of the following:

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction

\$

Employees living in a prescribed **intermediate** zone can claim 50% of the total of the above amounts.

For more information, go to canada.ca/taxes-northern-residents.

Additional tax to be deducted

You may want to have more tax deducted from each payment, especially if you receive other income, including non-employment income such as CPP or QPP benefits, or old age security pension. By doing this, you may not have to pay as much tax when you file your income tax and benefit return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, fill out a new Form TD1.

\$

Reduction in tax deductions

You can ask to have less tax deducted on your income tax and benefit return if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

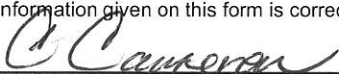
To get our forms and publications, go to canada.ca/cra-forms-publications or call **1-800-959-5525**.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-info-source.

Certification

I certify that the information given on this form is correct and complete.

Signature



It is a serious offence to make a false return.

Date

2021-12-13

YYYY/MM/DD



NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
BI-WEEKLY TIMESHEET

Name: Catherine Cameron Position: Victim Witness
 Supervisor: Ann Hiller Program: Victim Witness
 Supervisor: _____ Program: _____

Payroll #	<u>50/51</u>		From:	<u>December 3, 2021</u>			To:	<u>December 16, 2021</u>	
Date	Sat	Sun	Monday	Tuesday	Wed	Thurs	Friday	Balance of Overtime	
<u>December</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>		
Regular Hours									
Sick									
Stat. Holiday									
Overtime Used									
Bereavement									
Vacation									
Overtime Accumulated									
Other:									
Total Hours	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Date	Sat	Sun	Monday	Tuesday	Wed	Thurs	Friday	Balance of Overtime
<u>December</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>	0.00
Regular Hours			<u>7.0</u>	<u>7.0</u>	<u>7.0</u>	<u>7.0</u>	<u>7.0</u>	
Sick								
Stat. Holiday								
Overtime Used								
Bereavement								
Vacation								
Overtime Accumulated								
Other:								
Total Hours	0.00	0.00	<u>7.00</u>	<u>7.00</u>	<u>7.00</u>	<u>7.00</u>	<u>7.00</u>	0.00 35hrs

Employee Comments:

* note started employment on Dec 13, 2021

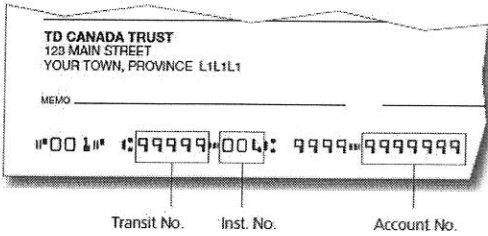
Employee's Signature C Cameron Date Dec 13, 2021

Supervisor's Signature _____ Date _____

Entered By _____



How to Set up Direct Deposits or Pre-Authorized Debits



Customer Name

CATHERINE CAMERON

Transit No.

6 0 7 2 7

Inst. No.

0 0 4

Account No.

6 3 2 8 1 6 9

You can find your branch address information on your cheques or by using our branch locator tool: www.tdcanadatrust.com/locator

Direct Deposit

Direct Deposit is the most convenient way to receive recurring deposits (i.e. pay, pension, government payments, annuity, interest, etc.) with immediate access to funds. There are no holds on your funds or a need for special trips to your local branch or ATM to deposit your cheques.

To set up a Direct Deposit with the federal government:

- 1. Visit www.directdeposit.gc.ca for a Government of Canada Direct Deposit enrolment form and use your account information from the fields above when completing the form.
2. If you do not have a cheque to void, have your local TD Canada Trust branch stamp the enrolment form.
3. Once complete, mail the enrolment form to the address provided.

Note: Additional information may be required on the form such as your Social Insurance Number or date of birth. The form includes a toll free number for support with completing the form.

To set up a Direct Deposit with your employer:

- 1. Provide your account information from the fields above to the payroll department of your employer or company pension provider.

Pre-Authorized Debit (PAD)

A Pre-Authorized Debit (PAD) is an automatic withdrawal taken directly from your TD Canada Trust account by a company or financial institution that you have authorized to do so. PAD is a great way for you to save time with bill payments (i.e. utilities, credit cards) you pay by mail, at the ATM, in branch or by phone; and may help you avoid late fees.

To set up a PAD:

- 1. Call or visit the website of the company you wish to set up a Pre-Authorized Debit (PAD) with to obtain a PAD Agreement and use your account information noted from the fields above when completing the Agreement.
2. If the company allows for online form submission on its website, you will need to first register for its website and should follow the instructions provided.

Note: If your billing company accepts Visa Debit in Canada (or Visa internationally) and you have the enhanced TD Access Card, setting up a PAD will be easier than ever! Simply provide them with the card's 16 digit number in place of the account information noted above.

Health Number: 7314 251 658

Please review the information below and immediately report any necessary changes or corrections.

Name: CAMERON, CATHERINE	Date of Birth: 1971-10-11 (yyyy-mm-dd)	Sex: FEMALE
Mailing Address: GD PO WHITEDOG ON P0X 1P0	Telephone Number: home: (807) 444-6045 business:	
Residential Address: 605 CAMERON DR WHITEDOG ON P0X 1P0	Language Preference: ENGLISH	
Citizenship/Immigration Status: NORTH AMERICAN INDIAN	Document Number: 1500084601	
Organ Donation:		

You are eligible for OHIP coverage.

Your new health card will become effective on **2022-01-13**.

Your new health card will have a version code of **CT**.

Your new health card will expire on **2026-10-11**. You will receive a notice to renew several weeks before this date.

Are you moving?

To keep your coverage active, update your address with
ServiceOntario at:
www.ServiceOntario.ca

For more information refer to the other side of this page.

Issuing Office: Kenora Issued By: TKob Date: 2021-12-13

Transaction Record
Relevé de transaction

Nishnawbe-Aski Legal Services Corporation

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Pls note:
PVSC will be completed by Dec 17, 2021
*w Treaty #3 Police Clan.

Date of Request: 11/26/21

As the authorized representative of Nishnawbe-Aski Legal Service Corporation, I hereby request that the Ontario Provincial Police (OPP) Services conduct the following:

- Level 1: Police Criminal Record Check (PCRC)
- Level 2: Criminal Record and Judicial Matters Check (CRJMC)

As the authorized representative of a person or organization that is responsible for the well-being of one or more children or vulnerable persons as defined in Section 6.3(1) of the Criminal Records Act, I hereby request that your police agency conduct:

- Level 3: Police Vulnerable Sector Check (PVSC)

Applicant Name: Catherine Cameron

Phone Number and Address:
807-927-2158 605 Cameron Drive. Wabaseemoong First Nation

Position requiring check: Victim Witness Liaison
the applicant's position with our organization with be in a paid position / volunteer / other (circle one).

Applicants Signature: C. Cameron

Requests for Police Vulnerable Sector Checks Only: Part 2 (1) (c) of the Criminal Records Regulation requires applications for VS checks to show how the position is one of trust or authority towards that child or vulnerable person.

- Description of duties:
- To ensure the immediate needs of victims and witnesses are met following a referral and intake
 - Ensuring safety and security of clients
 - Handling confidential sensitive client information regarding ongoing cases

Cameron Cassidy
Authorized HR Representative
Cameron Cassidy
Signature

HR Assistant
Position Title
807-629-3751 ccssidy@nanlegal.on.ca
Phone Number and/or Email Address

Mailing Address:

1805 Arthur St E
Thunder Bay, Ontario
P7E 2R6



Tel: (807) 622-1413
Fax: (807) 622-3024

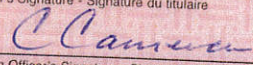

Email: hr@nanlegal.on.ca

Website:
[Http://www.nanlegal.on.ca](http://www.nanlegal.on.ca)



Head Office:
138 B. Mission Road
Fort William First Nation, ON P7J
1K7

 Government of Canada / Gouvernement du Canada		3642456
CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT D'INDIEN		
	<small>This is to certify that - La présent atteste que</small>	
	<small>Family Name - Nom de famille</small> CAMERON	
	<small>Given Names - Prénoms</small> CATHERINE	
	<small>Alias - Nom d'emprunt</small>	
	<small>Registration No. - Numéro d'inscription</small> 1500084601	
<small>is an Indian within the meaning of the Indian Act, chapter 27, Statutes of Canada (1985), est un Indien au sens de la Loi sur les Indiens, chapitre 27 des Lois du Canada (1985).</small>		

<small>Date of Birth - Date de naissance</small> 1971.10.11	<small>Registry Group - Groupe d'enregistrement</small> WABASEEMOONG INDEPENDENT NATIONS
<small>Gender - Genre</small> F	<small>This card is valid until Cette carte est valide jusqu'au</small> 2026.11.24
<small>Holder's Signature - Signature du titulaire</small> 	
<small>Issuing Officer's Signature - Signature de l'agent émetteur</small> 	<small>Issue Date - Date d'émission</small> 2021.11.24
<small>Finder please return postage free to GC Ottawa, Ontario, Canada K1A 0H4 Quiconque trouve le présent est prié de le retourner franc de port, au GC Ottawa (Ontario) Canada, K1A 0H4</small>	
<small>83-004 2020-11-23 7530-21-023-3673</small>	



Temporary Driver's Licence OR **Class M 1 Licence - Province of Ontario**
Permis de conduire temporaire OU **de catégorie M 1 - Province de l'Ontario**

Driver's Licence No. N° du permis de conduire	Class Cat.	Cond. Rest.	End. Aut.	Height Taille	Sex Sexe	Date of Birth Date de naissance	Effective Date Date d'entrée en vigueur
C0350-11507-16011	G***	K**	***	157cm	F/F	1978/11/11 DU	2024/12/13 DU

CAMERON, CATHERINE
 605 CAMERON DR
 WHITEDOG
 POX 1P0

Valid without a photo card.
 Valide sans la carte-photo.

X Corrective Lenses

/Verres correcteurs

Catherine Cameron

Licensee's Signature / Signature du titulaire

This licence must be signed in ink and carried by the driver.
 Le conducteur doit signer le permis à l'encre et le porter sur lui.

SR-LD-053 2019/09

Off. No.	Op. No.	Issue Date	Serial No.
862	4 ON	2021/12/13 D	84972041

Minister of Transportation
 Ministre des Transports