



**Nishnawbe-Aski Legal
Services Corporation**

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NEW EMPLOYEE DETAIL FORM

Personal Information:

First Name: Tracey Last Name: Coultis
Date of Birth (YYYY/MM/DD): 1972/02/01
Phone #: 807-629-6160 Alt. #: _____
Email (Personal): traceycoultis@gmail.com

Home Address:

103 Sherbrooke St Thunder Bay ON P7C 4R5
Street City Province Postal Code

Mailing Address (if different):

P.O Box City Province Postal Code

Employment Information:

Start Date: September 11, 2023 Employee #: _____

Employment Type:

- Permanent
 Contract

Employment Status:

- Full Time
 Part Time
 Casual

End Date: N/A

Position: Payroll Officer

Salary: 61,479

Pay Band: 7

Manager: Terry Bortolin

Grid: 0

Banking & Payroll Information:

Name of Bank: RBC

Account #: 5059894

Transit #: 003

Institution #: 05092

SIN #: 493-272-751

Tax Exemption:

Declaration Form Attached?

- Yes Band Membership #: _____
 No - Fed/Prov Tax Forms Attached

Pension and Benefits:

Pension Eligibility Date: December 11, 2023

Benefit Eligibility Date: December 11, 2023

Finance Only:

Date Received: _____ Entered into Adagio Systems by: _____



**NISHNAWBE - ASKI
Legal Services Corporation**

Employee Information

1. Personal Information

Full Given Name: COLLIS TRACEY
Last First M Initial.

Address: 103 SHERBROOKE ST.
Street Address Box #

THUNDER BAY ON P7C 4R5
City/Town Province Postal Code

Home Phone: (807) 629 6160 Alternate Phone: ()

Primary Email: tracaycollis@gmail.com DOB 02/01/72
M/D/Y

SSN #: 493 272 751 Status #

2. Job Information

Title: PAYROLL OFFICER Employee ID: _____

Supervisor: Terry Bortolin Department: Finance

Work Location: Thunder Bay Work Email: trcollis@nanlegal.on.ca

Work Phone: () Cell Phone: ()

Start Date: Sept 11, 2023 Benefits: Dec 11, 23 Pension N Dec 11, 23

Term Date: NIA Salary: \$61,479

3. Emergency Contact Information

Full Name: MADIGAN TODD
Last First M Initial.

Address: 103 SHERBROOKE ST.
Street Address Box #

THUNDER BAY ON P7C 4R5
City/Town Province Postal Code

Primary Phone: (807) 628 6544 Alternate Phone: ()


Relationship: SPOUSE



How to set up payments and deposits

Use this void cheque to set up pre-authorized payments and direct deposits. It contains your account's transit, institution and account numbers that third parties can use to set up the transactions.

Only share these details with parties you trust.

	TRACEY COULTIS	VOID
_____		<input type="text"/>

Transit #:	Institution #:	Account #:
05092	003	5059894



**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.

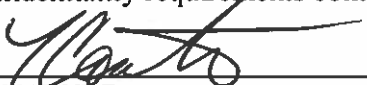
All NALSC files are to be treated as confidential material and may not be disclosed except in accordance with the provisions of NALSC’s policies and Service Agreements. No one is to read files except in so far as the position requires it. Files are not to be discussed at any time with anyone within NALSC,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



SIGNATURE



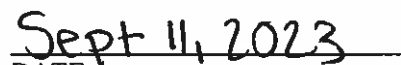
DATE



PRINT FULL NAME



SIGNATURE OF WITNESS



DATE



PRINT FULL NAME OF WITNESS



Application for membership in a group registered pension plan

Return to Canada Life, Group Retirement Services

In this application, "you" and "your" refer to the person who is applying to become a member of the group registered pension plan (the plan), and "we," "us," and "our" refer to The Canada Life Assurance Company, the issuer of the group annuity product for the plan, 100 Osborne Street North, Winnipeg, MB R3C 3A5. We can be contacted at 1-800-724-3402 or by visiting grsaccess.com.

SECTION 1 – EMPLOYER/PLAN SPONSOR

Name of employer/plan sponsor: NISHANKSHINAWBE LEGAL SERVICES Policy/plan number: 68012

SECTION 2 – INFORMATION ABOUT YOU (please print)

Last name: COLLITIS Middle initial: B First name: TRACEY Division/subgroup: Identification/employee number:
 Social insurance number (SIN): 493-272-751 Date of employment: 2003 09 11 Date of birth: 1972 02 01 Gender: Male Female Language: English French
 You authorize the use of your SIN for tax reporting, identification and record keeping

Last name of spouse/common-law partner: MADIGAN First name: TODD Email address: traceycollitis@gmail.com
 Required for online access and to email information about the plan or services connected with it

Address (apt. no., street no., street): 103 SHERBROOKE ST. City: THUNDER BAY Province: ON Postal code: P7C 4R5

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): City: Province: Postal code:
 Telephone no.: Ext.: Alternate telephone no.: Province of employment: Date joined plan: (yyyy mm dd)

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

SECTION 3 – YOUR BENEFICIARY DESIGNATION

You can appoint one or more beneficiaries. Note: pension legislation or the terms of the plan may require payment of the death benefit to your qualifying spouse or common-law partner. All designations are revocable except in Quebec (see "Important: Quebec residents"). If you wish to designate an irrevocable beneficiary, complete the *Designation of irrevocable beneficiary* form.

Primary beneficiary(ies) on your death

Last name	First name	Date of birth yyyy mm dd	Relationship of beneficiary to you Select box below OR Specify under Other				% of benefit
			Married	Quebec civil union spouse	Common-law partner	Other (child, friend, etc.)	
MADIGAN	TODD	1968 06 25	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		80%
COLLITIS	DYLAN	1993 07 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHILD	10%
COLLITIS	BRITTANY	1998 01 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHILD	10%
Total 100%							

Important: Quebec residents

- If you appoint your married or civil union spouse as your beneficiary, they will be irrevocable (meaning you cannot change your beneficiary or perform certain transactions such as making withdrawals (where permitted) without their consent) unless you check the box below:
 I designate my married or civil union spouse revocably
- The death benefit will be paid to the tutor(s) of a beneficiary who is a minor (generally the parents) or the tutor or curator of a beneficiary who otherwise lacks legal capacity unless a formal trust has been established by will or separate contract (in which case, designate the trust as beneficiary in this section)

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

Contingent beneficiary(ies) on your death

Last name	First name	Date of birth yyyy mm dd	Relationship to you	% of benefit
Total 100%				

Nishnawbe-Aski Legal Services Corporation

Acknowledgement



****I hereby acknowledge that I have received a copy of the Nishnawbe-Aski Legal Services Corporation, Employee Manual containing the Personnel and Harassment Policies of the Corporation.****

****I hereby acknowledge that I have read and understood the Employee Manual.****

TRACEY COLLINS

Print Name

[Handwritten Signature]

Signature

Dated this 11 day of SEPT, 2023



2023 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 COLLIS	First name and initial(s) TRACEY	Date of birth (YYYY/MM/DD) 1972/10/01	Employee number
Address 103 SHERBROOKE ST		Postal code P1R 4R5	Social insurance number 493272751
		For non-residents only Country of permanent residence	

1. Basic personal amount – Every resident of Canada can enter a basic personal amount of \$15,000. However, if your net income from all sources will be greater than \$165,430 and you enter \$15,000, 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 \$165,430, you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2023 Personal Tax Credits Return, and enter the calculated amount here.

2. Canada caregiver amount for infirm children under age 18 – Only one parent may claim \$2,499 for each infirm child born in 2006 or later who lives with both parents throughout the year. If the child does not live with both parents throughout the year, the parent who has the right to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for the child.

3. Age amount – If you will be 65 or older on December 31, 2023, and your net income for the year from all sources will be \$42,335 or less, enter \$8,396. You may enter a partial amount if your net income for the year will be between \$42,335 and \$98,309. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.

4. Pension income amount – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter whichever is less: \$2,000 or your estimated annual pension income.

5. Tuition (full-time and part-time) – Fill in this section if you are a student 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. Enter the total tuition fees that you will pay if you are a full-time or part-time student.

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 \$9,428.

7. Spouse or common-law partner amount – Enter the difference between the amount on line 1 (line 1 plus \$2,499 if your spouse or common-law partner is infirm) and your spouse's or common-law partner's estimated net income for the year if both of the following conditions apply:

- You are supporting your spouse or common-law partner who lives with you
- Your spouse or common-law partner's net income for the year will be less than the amount on line 1 (line 1 plus \$2,499 if your spouse or common-law partner is infirm)

In all cases, go to line 9 if your spouse or common-law partner is infirm and has a net income for the year of \$26,782 or less.

8. Amount for an eligible dependant – Enter the difference between the amount on line 1 (line 1 plus \$2,499 if your eligible dependant is infirm) and your eligible dependant's estimated net income for the year if all of the following conditions apply:

- You do not have a spouse or common-law partner, or you have a spouse or common-law partner who does not live with you and who you are not supporting or being supported by
- You are supporting the dependant who is related to you and lives with you
- The dependant's net income for the year will be less than the amount on line 1 (line 1 plus \$2,499 if your dependant is infirm and you cannot claim the Canada caregiver amount for infirm children under 18 years of age for this dependant)

In all cases, go to line 9 if your dependant is 18 years or older, infirm, and has a net income for the year of \$26,782 or less.

9. Canada caregiver amount for eligible dependant or spouse or common-law partner – Fill out this section 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 \$26,782 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.

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 \$17,499) whose net income for the year will be \$18,783 or less, enter \$7,999. You may enter a partial amount if their net income for the year will be between \$18,783 and \$26,782. To calculate a partial amount, fill out the line 10 section of Form TD1-WS. This worksheet may also be used to calculate your part of the amount if you are sharing it with another caregiver who supports the same dependant. You may claim this amount for more than one infirm dependant age 18 or older.

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.

15,000


Driver's Licence
 Permis de conduire

1- NAME / NOM
 COULTIS,
 TRACEY BETH
 1- ADDRESS / ADRESSE
 103 SHERBROOKE ST
 THUNDER BAY, ON, P7C 4R5

2- DOB / DATE DE NAISSANCE
 1972/02/01

3- SEX / SEXE
 F

4- CLASS / CLASSE
 G

5- RESTRICTIONS / RESTRICTIONS
 X

6- HEIGHT / HAUTEUR
 165 cm

7- EYES / YEUX
 BRN / BRN

8- HAIR / CHEVEUX
 BRN / BRN

9- BUILD / CONSTITUTION
 M / M

10- WEIGHT / POIDS
 155 lb / 70 kg

11- SIGNATURE / SIGNATURE


12- EXPIRES / EXPIRE
 2025/02/01

13- ISSUES / EMISSION
 2022/07/26

14- IDENTIFICATION NUMBER / NUMERO D'IDENTIFICATION
 C6806 - 75017 - 25201

15- REAL ID STAR / ETOILE D'IDENTIFICATION REELLE
 19720201

16- REAL ID NUMBER / NUMERO D'IDENTIFICATION REELLE
 19720201


 Government of Canada / Gouvernement du Canada

SOCIAL INSURANCE NUMBER / NUMÉRO D'ASSURANCE SOCIALE
 493 272 751

TRACEY BETH COULTIS

ServiceOntario.ca

HL 2 850733

12 RESTRICTIONS/CONDITIONS ---
Cout Laissez-Venir: voir...

4 CATEGORIE
Autos, motos, véhicules légers (max. 4500 kg)
Motos, motos, véhicules légers (max. 4500 kg)
Motos, motos, véhicules légers (max. 4500 kg)
Motos, motos, véhicules légers (max. 4500 kg)

:5791957*



• THIS IS NOT AN IDENTITY CARD. HOWEVER, IT SHOULD BE KEPT IN A SAFE PLACE.
 • CECI N'EST PAS UNE CARTE D'IDENTITE. CEPENDANT, ELLE DEVRAIT ETRE GARDEE DANS UN LIEU SUR.

• IF AN EXPIRY DATE APPEARS ON THE FRONT OF THIS CARD, THE SIN MAY NOT BE USED IN CANADA AFTER THAT DATE. THIS CARD IS NOT AN AUTHORIZATION TO WORK IN CANADA.
 • SI UNE DATE D'EXPIRATION APPARAIT SUR LE DEVANT DE CETTE CARTE, LE NAS NE PEUT ETRE UTILISE AU CANADA APRES CETTE DATE. CETTE CARTE N'EST PAS UNE AUTORISATION DE TRAVAILLER AU CANADA.

NAS-2683B (10-07-10)

Canada