Nishnawbe-Aski Legal Services Corporation

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Dec 27, 2019

Chris Beardy
Airport Rd. 6 Box# 58
Pikangikum< ON

Private and Confidential

Dear Chris,

Congratulations! You were approved for a salary increase on Nov 19, 2019.

You will receive a one-time salary increase of \$9,999.40. Your new salary will be \$47,000.00 per annum. You will also receive a retroactive payment dating back to April 1, 2019 to the current date.

We thank you for your dedication and hard work at Nishnawbe-Aski Legal Services Corporation.

Sincerely,

Colette Shwetz HR Manager

Mailing Address:

1805 Arthur St. East Unit 100 Thunder Bay, ON P7E 2R6

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

Email: info@nanlegal.on.ca

Website: Http://www.nanlegal.on.ca



Head Office:

138B Mission Rd, Fort William First Nation, ON P7J 1K7



CONTACT INFO:

Phone Number: (807) 773-5256 Email: chrisbeardy@outlook.com

EDUCATION

Pelican Falls First Nation High School

September 2007

Dennis Franklin Cromarty High School

2009 - 2010

WORK EXPERIENCE

Wapakeka School Janitor

Summer 2006

Wasaya Agent

Summer 2009

Capital Management Carpentry

Summer - Fall 2018

House repairments and extensions (roof, windows, doors, etc)

SKILLS

- Computer skills
- Communication
- Fluent to English and Ojicree
- Work independently
- Work well with minimal supervision



ENTERED APR / 7 2019

NISHNAWBE - ASKI AP Legal Services Corporation

Employee Information

1. Personal I	Information
Full Given Name:	Beardy Christopher L Last Minital.
Address:	Airport Road 5 Street Address Box #
	Pikung Kum CityTown Province Postal Code
Home Phone:	(807) 773-5256 Alterrate Phone: (807) 718-3731
Primary Email:	Chrisbeardy @ Outlook.com
SSN#:	552942328 status # 2 209060
2. Job Inform	mation
Title:	Youth English Englise ID:
Supervisor:	Co. Hello & NSOL Department:
Work Location:	District Man. Work Estrail: Chbeardy @ nanleyel.
Work Phone	Cell Phone: ()
Start Date	Benefits No Pension; Y/N No
Term Date	Salary: \$ 37,000
3. Emergeno	cy Contact Information
Full Name:	Keno Daj-rn Minitial.
Address:	
	Street Address Dikensikum Cityrhown ON Province Province Province
Primary Phone:	1807 1728 1104 Alternate Phone: 807 1728 0848
Relationship:	Grothers means

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.**

Christopher Beardy

Print Name

Christophar Beardy

Signature

Dated this 6 day of Feb 2014

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



Driver's Licence Permis de conduire

CANADA



1,2 NAME/ NOM BEARDY. CHRISTOPHER, LEROY DILLON **8 PIKANGIKUM FN P.O.BOX 58** PIKANGIKUM, ON, POV 2LO



4d NUMBER/ NUMERO

B2038 - 12469 - 30614

48 ISS/DEL

2016/02/10

46 EXP/ EXP. 2021/02/09

5 DD/REF

DJ6779919

16 HGT/HAUT, 183 cm

15 SEX/ SEXE

M

9 CLASSI CATEG.

G1

82038-12469-30614 1993/06/14

Christopher Bearing 12 REST! COND.

3 DOB/DDN 1993/06/14

3498141

CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT D'INDIEN



This is to certify that - Le présent atteste que

Family Name - Nom de famille

BEARDY

Given Names - Prénoms

CHRISTOPHER LEROY

Alias - Nom d'emprunt

DILLON

Registry No. - Nº de registre

2120090601

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).



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

PRINT FULL NAME

SIGNATURE OF WITNESS

PRINT FULL NAME OF WITNESS

January 30 2020 DATE

Revised -March 2019

RESTORATIVE JUSTICE

Employee Performance Review





EMPLOYEE INFORMATIO	ON				
Name Chris B	searchy		Employee ID		
Job Title 45/41			Date Oct	= Nou s	3/19
Department MCYS	141		Manager 🕜	hontill	e Jehrson
Review Period FEB 411	•				0
				* - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
RATINGS					
Joh Knowledge	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Job Knowledge	requires 1	mana ta	*	Ц	
Comments	Sequites 1				
Work Quality					₹.
Comments					
Attendance/Punctuality				X	
Comments					
Initiative			8		
Comments	- inst ved	ely Kno	w/		
Communication/Listening S	Skills			X.	
Comments				· ·	
Dependability				A.	
Comments					
Overall Rating (average the r	ating numbers above)				
EVALUATION					
ADDITIONAL COMMENTS _	- monoeger af	praved (and ner	comera	13
	vaise.	,			
GOALS (as agreed upon by	week a Penne	MHFA.			
employee and manager)	Week a Plune	y	Czen	rly	

Account Information

Set up your direct deposits and pre-authorized payments easily and conveniently.

Print, sign and submit this form as follows:

Direct Deposit: receive your payroll or other deposits into your account. Complete and submit this form to your employer or the company depositing the payment into your account.

Pre-authorized Payment: automatically pay your bills from your account. Complete and submit this form to your billing company to allow them to take the payment from your account.

Your Information

Name:

CHRISTOPHER BEARDY

Address:

PIKANGIKUM ON **POV 2L0**

Direct Deposit Information

Transit:

00787

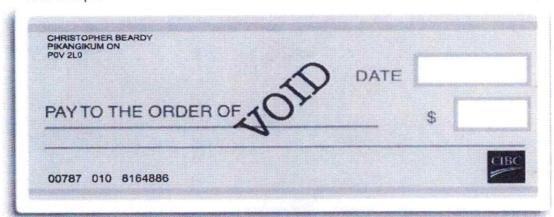
Institution Number:

010

Account Number:

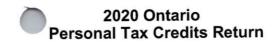
8164886

Void Cheque



Christopher Benedy







TD10N

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

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

Last name	First name and initial(s)	Date 0. D (Employee number			
Beardy	Christopher L D	1993-06-14	Social insurar	aga numbar		
Address	Postal code	For non-residents only – Country of permanent residence		2 I 2 2		
Pikangikum	P 0 V 2 L	0	5 5 2 9	4 2 3 2 8		
Basic personal amount – Every person employed if you will have more than one employer or payer at the on page 2.	e same time in 2020, see "l	Nore than one employer or payer a	the same time	10,783		
2. Age amount – If you will be 65 or older on December enter \$5,265. If your net income for the year will be bet Form TD10N-WS, Worksheet for the 2020 Ontario Per	ween \$39,193 and \$74,29	B and you want to calculate a partia	193 or less, I claim, get			
3. Pension income amount – If you will receive regular Plan, Quebec Pension Plan, Old Age Security, or Guarannual pension income, whichever is less.	ar pension payments from ranteed Income Suppleme	a pension plan or fund (excluding C it payments), enter \$1,491, or your	anada Pension estimated			
4. Disability amount – If you will claim the disability at Tax Credit Certificate, enter \$8,712.	mount on your income tax	and benefit return by using Form T2	2201, Disability			
5. Spouse or common-law partner amount – If you a whose net income for the year will be \$915 or less, ent and you want to calculate a partial claim, get Form TD	ter \$9,156. If their net incor	ne for the year will be between \$91	with you and 5 and \$10,071			
who lives with you and whose net income for the year	6. 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 \$915 or less, enter \$9,156. If their net income for the year will be between \$915 and \$10,071 and you want to calculate a partial claim, get Form TD10N-WS and fill in the appropriate section.					
7. Ontario caregiver amount – You may be supportin spouse's or common-law partner's:	ng an eligible infirm depend	ant aged 18 or older who is either y	our or your			
child or grandchild						
parent, grandparent, brother, sister, aunt, uncle, nie	ece or nephew who is resid	ent in Canada				
If this is your situation, get Form TD1ON-WS and fill in	the appropriate section.					
8. Amounts transferred from your spouse or community their age amount, pension income amount, or disability	non-law partner – If your s y amount on their income t	pouse or common-law partner will ax and benefit return, enter the unu	not use all of sed amount.			
9. Amounts transferred from a dependant – If your benefit return, enter the unused amount.	dependant will not use all o	f their disability amount on their i	ncome tax and			
10. TOTAL CLAIM AMOUNT – Add lines 1 to 9. Your employer or payer will use this amount to determ	ine the amount of your pro	vincial tax deductions.				





Filling out Form TD10N

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 2020, 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 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.

Certification			
I certify that the information given on this form is correct and complete.			
Signature / Solution It is a serious offence to make a false return.	Date	2020-01-24	_

*	Canada Revenue Agency	Agence du revenu du Canada
- ' -	witedara	OU CENSOS

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 registered as an Indian with Indigenous and Northern Affairs Canada, according to the terms of the *Indian Act*, or who is entitled to be so registered.

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

— Employee identification	age to those information on now to fill our this form.	<u> </u>
Last name (please print)	Usual first name and Initial(s)	Social insurance number
Beardy	Christopher LD	5,5,2,19,4,2,13,12,18
Residential address including posts	al code	130.1140.1151.151.151.151.151.151.151.151.151
Pikangikum POV2	LO .	
Is the employee's residence local	ted on a reserve?	Yes ☑ No ☐
Indian status ———		
is the employee registered or entit	tled to be registered as an Indian under the Indian Act?	Yes 🖺 No 🗌
If yes, was the employee entitled t	to be registered:	
prior to 2011?		
may be exempt from tax.	s the Gender Equity in Indian Registration Act)? Only Incom	le earned on or after January 31, 2011,
because of the creation of the exempt from tax.	e Qalipu Mi'kmaq First Nation Band? Only income earned o	on or after September 22, 2011, may be
Type of exemption" —		
The employee performs employme	ant dutice	
1. entirely on a reserve		3. partially on and partially off a reserve
·— -	ntage of the employment duties the employee performs on a	, .
All of the employee's employment appropriate box.	Income is exempt from income tax if any one of the following	g situations applies. Check the
the employee performs at le	ast 90% ^{-z} of the employment duties on a reserve (guideline	· 1);
the employee and the emplo	yer reside on a reserve (guideline 2);	
reserve (guideline 3); or	e than 50% of the employment duties on a reserve, and the	· · · · · · · · · · · · · · · · · · ·
the employee's employment benefit of Indians who, for th	duties are connected to the employer's non-commercial act e most part, reside on reserves and the employer resides or	ivities carried on exclusively for the name are reserve; and the employer is:
 an Indian band that has a re 	eserve or a tribal council representing one or more Indian ba	inds that have reserves; or
 an Indian organization contr cultural, educational, or eco 	olled by one or more such bands or tribal councils and is de nomic development of Indians who, for the most part, reside	edicated exclusively to the social, on reserves (guideline 4).
*1 The type of exemption is based on the exempt income and term definitions, go	Indian Act Examption for Employment Income Guidelines. For a full description to cra.gc.ca/brgnle/gdine-eng.html.	on of the Guidelines including examples of
Proration rule may apply: When less guideline, the exemption is to be prorate	than 90% of the duties of an employment are performed on a reserve and th (ad. The exemption will apply to the portion of the income related to the dutie	e employment income is not exempted by another s performed on the reserve.
Employee certification -		
- -	on this forms is comment and according	
i cerniy marine information given	on this form is correct and complete.	
signature Christopher	Beardy	Date 12/Feb/2019
	The state of the s	

Personal Information is collected under the Income Tax Act to administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown, it may be shared or verified with other federal, provincial/territorial government institutions to the extent authorized by law. Fallure 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 and request correction if there are errors or omissions. Refer to Info Source at cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html, Personal Information and

(Vous pouvez obtenir ce formulaire en français à arc,gc.ca/formulaires ou en composant le 1-800-959-7775.)

Canadä

Agence du revenu du Canada

2022 Personal Tax Credits Return

TD1

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	First na	me and i	nitial(s)	Date of bird	th (YYYY/MM/DD)	Employee nur	nber						
Beardy	Christo	opher L D)	1993-06-14									
Address		Postal c	ode		residents only	nce	Soc	ial ir	nsura	ance	nun	nber	
6 Airport Road, Pikangikum	Airport Road, Pikangikum P 0 V 2 L 0 Country of permanent residence							5 2	9	4	2	3 2	8
1. Basic personal amount – Every resident of Canad from all sources will be greater than \$155,625 and you return at the end of the tax year. If your income from a partial claim. To do so, fill in the appropriate section of the calculated amount here.	enter \$	14,398, ye s will be g	ou may ha	ve an amou n \$155,625	int owing on your in , you have the optic	come tax and be in to calculate a	enefit			1	4,39	98.00	0
2. Canada caregiver amount for infirm children und born in 2005 or later, that resides with both parents thr year, the parent who is entitled to claim the "Amount for amount for that same child who is under age 18.	oughout	the year.	If the chi	d does not i	reside with both par	ents throughout							
3. Age amount – If you will be 65 or older on Decembor less, enter \$7,898. If your net income for the year w get Form TD1-WS, Worksheet for the 2022 Personal T	ill be bet	ween \$39	9,826 and	\$92,480 an	d you want to calcul								
4. Pension income amount – If you will receive regul Plan, Quebec Pension Plan, Old Age Security, or Gua annual pension income, whichever is less.							on						
5. Tuition (full time and part time) – If you are a stud Employment and Social Development Canada, and yo are enrolled full time or part time, enter the total of the	u will pa	y more th	an \$100 j	or college, o er institution	or an educational ins n in tuition fees, fill i	stitution certified n this section. If	by you						
6. Disability amount – If you will claim the disability a Tax Credit Certificate, enter \$8,870.	mount o	n your inc	come tax	nd benefit r	eturn by using Forn	T2201, Disabil	ty						
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 \$2,350 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 \$2,350 if they are infirm), you cannot claim this amount. In all cases, if their net income for the year will be \$25,195 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 \$2,350 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 \$2,350 or more if they are infirm), you cannot claim this amount. In all cases, if their net income for the year will be \$25,195 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 \$25,195 or less, get Form TD1-WS and fill in the appropriate section.													
10. Canada caregiver amount for dependant(s) age age 18 or older (other than the spouse or commonor could have claimed an amount for if their net incless, enter \$7,525. If their net income for the year will be Form TD1-WS and fill in the appropriate section. You of you are sharing this amount with another caregiver vappropriate section.	law part come we be between can clain	ner or eli ere under en \$17,6 n this amo	r \$16,748 70 and \$2 ount for m	whose net 5,195 and y ore than one	u claimed an amou income for the year ou want to calculate e infirm dependant a	int for on Line s will be \$17,670 a partial claim, age 18 or older.	or						
11. Amounts transferred from your spouse or community their age amount, pension income amount, tuition amounused amount.							f						
12. Amounts transferred from a dependant – If your benefit return, enter the unused amount. If your or you all of their tuition amount on their income tax and ber	r spouse	s or com	mon-law	artner's de	bility amount on the pendent child or gra	eir income tax a indchild will not	nd use						
13. TOTAL CLAIM AMOUNT – Add Lines 1 to 12. Your employer or payer will use this amount to determ	ine the a	amount of	your tax	leductions.						1	4,3	98.0	0
												_	_

Pr	otected B when complete
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 bay 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 a you cannot claim them again. If your total income from all sources will be more than the personal tax credits you claimed on this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.	nother Form TD1 for 2022, another Form TD1, check
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 payer will not deduct tax from your earnings.	13. Your employer or
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 Yes (Fill out the previous page.)	ada in 2022?
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 \$14,398, you also have to fill out a provincial or territorial TD1 form. If you are an employment of the source of territory of employment. If you are a pensioner, use the Form TD1 for your province or territory of respayer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax ded by you are claiming the basic personal amount only, your employer or payer will deduct provincial or territorial taxes after allowing the basic personal amount.	idence. Your employer or uctions.
Note: If you are a Saskatchewan resident supporting children under 18 at any time during 2022, you may be able to claim the c Form TD1SK, 2022 Saskatchewan Personal Tax Credits Return. Therefore, you may want to fill out Form TD1SK even if you are personal amount on this form.	hild amount on re only claiming the basic
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 beg you can claim any of the following: • \$11.00 for each day that you live in the prescribed northern zone	inning or ending in 2022,
 \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling 	

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.

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1.5				
ΙΨ				

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.

that you maintain, and you are the only person living in that dwelling who is claiming this deduction

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

Certification		
certify that the information given on this form is correct and complete.		
Signature Chris Bearly	Date	2022-01-12
It is a serious offence to make a false return.		



2022 Ontario 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 provincial tax deductions.

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

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number	
Beardy	Christopher L D	1993-06-14		
Address	Postal code	For non-residents only Country of permanent resider	Soc	cial insurance number
6 Airport Road, Pikangikum	P 0 V 2 L 0		5	5 2 9 4 2 3 2 8
Basic personal amount – Every person employed If you will have more than one employer or payer at the on page 2.	in Ontario and every pension e same time in 2022, see "M	ner residing in Ontario can claim lore than one employer or payer	this amount. at the same time"	11,141
2. Age amount – If you will be 65 or older on December \$5,440. If your net income for the year will be be get Form TD10N-WS, Worksheet for the 2022 Ontario	tween \$40,495 and \$76,762	and you want to calculate a part	tial claim,	
Pension income amount – If you will receive regule Plan, Quebec Pension Plan, Old Age Security, or Guapension income, whichever is less.	lar pension payments from a ranteed Income Supplement	pension plan or fund (excluding payments), enter \$1,541, or you	Canada Pension ur estimated annual	
Disability amount – If you will claim the disability a Tax Credit Certificate, enter \$9,001.	mount on your income tax a	nd benefit return by using Form	T2201, Disability	
5. Spouse or common-law partner amount – If you whose net income for the year will be \$946 or less, en you want to calculate a partial claim, get Form TD10N	ter \$9,460. If their net incom	e for the year will be between \$9	s with you and 46 and \$10,406 and	1
6. Amount for an eligible dependant – If you do not who lives with you and whose net income for the year \$946 and \$10,406 and you want to calculate a partial	will be \$946 or less, enter \$9	9,460. If their net income for the	year will be between	1
7. Ontario caregiver amount – You may be supporting spouse's or common-law partner's:	ng an eligible infirm dependa	nt aged 18 or older who is either	your or your	
child or grandchild				
 parent, grandparent, brother, sister, aunt, uncle, n 	iece or nephew who is resid	ent in Canada		
If this is your situation, get Form TD1ON-WS and fill in	the appropriate section.			
Amounts transferred from your spouse or commage amount, pension income amount, or disability amount.				
9. Amounts transferred from a dependant – If your benefit return, enter the unused amount.	dependant will not use all of	their disability amount on their	income tax and	
10. TOTAL CLAIM AMOUNT – Add lines 1 to 9. Your employer or payer will use this amount to determ	nine the amount of your provi	ncial tax deductions.		11,141



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 form	ollowing apply:	
 you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment inseremuneration 	surance benefits	, or any other
· 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	nt 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 cree TD1ON for 2022, you cannot claim them again . If your total income from all sources will be more than the parameter Form TD1ON, check this box, enter "0" on line 10 and do not fill in lines 2 to 9.	edit amounts on a ersonal tax credi	another Form ts you claimed on
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 Your employer or payer will not deduct tax from your earnings.	n amount on line	10.
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 not on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employer and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T12 Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer your employer deducts RRSP contributions from your salary.	loyment expense 113, Request to R	s, charitable donations, leduce Tax Deductions at
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 Inco- activities including administering tax, benefits, audit, compliance, and collection. The information collected may be us acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincia institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties individuals have a right of protection, access to and correction of their personal information, or to file a complaint with regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Sour-	sed or disclosed al, territorial, or fo es, or other action h the Privacy Cor	for purposes of other federal reign government as. Under the Privacy Act, mmissioner of Canada
Certification		
I certify that the information given on this form is correct and complete.		
Signature Chr. 5 Beare 1	Date	2022-01-12

It is a serious offence to make a false return.

. . . .

Colette Shwetz

From:

Chantelle Johnson

Sent:

February 1, 2022 10:45 PM

To:

Colette Shwetz

Subject:

Chris Beardy Written Warning

Colette, can you look this over and see if it okay for me to do? I have spoken verbally with Chris about this issue, this evening already. He understands and has said he will do the required work.

It has been brought to my attention by court officials and staff members that you, Chris Beardy, have not been completing the case files referred to you within an acceptable amount of time for the community of Kingfisher lake. As such, another worker was required to take over these files and complete them to ensure our standing with the courts remains positive and that they have the utmost confidence that we are able to ensure all referrals are being completed within a timely manner. This will serve as your written warning and I will be instilling a probationary period until march 31, 2022. Your performance during this time will be under review and you will be expected to submit a success plan along with a work plan outlining not only how you will turn around this behaviour, but will ensure that this will never happen in the future. I expect that this will be submitted to me as soon as possible but I will give you until Monday at the latest to submit this information, I feel that this will be a sufficient amount of time to not only complete these requested documents but also give you enough time to meet with your team leads and required co-workers. If you have any other questions please let me know and I will schedule a time to discuss this.

Also I have another one I will need your help on

Now that Liz is gone on Maternity Leave.... We are finding all sorts of stuff. Going through referrals and the database turns out a lot has not been done on her caseload. I'll fill you in tomorrow ugh.

Thanks

Chantelle M. Johnson

"Maa - mii - nah - chi - ke - win"

Restorative Justice Manager

For the Restorative Justice, Youth Justice, By-Law, Sexual Assault & Domestic Violence Restorative Justice, Youth Intervention, Guns & Gangs Intervention, and the Community HUB Programs

Nishnawbe-Aski Legal Services Corporation

1805 East Arthur Street, Unit 1 Thunder Bay, Ontario P7E 2R6

Phone: (807) 766-7081 Cell: (807) 252-3934 Fax: (807) 622-3024

E-Mail: cjohnson@nanlegal.on.ca

Total time currently accordished: 03:00:00



- Christopher Sign out
- □Course Outline

Online Exam Center

Your card is on its way

Congratulations Christopher!

You have passed the final exam with a score of 82%. You are certified!

• You can now print your temporary Pleasure Craft Operator Card.

• If you cannot print your temporary card now you can log in anytime and print it then.

• Your permanent card should arrive at the address you provided below in approximately 4 weeks.

• Please ensure the information below is accurate.

Description	Price
Pleasure Craft Operator Course	\$49.95
Pleasure Craft Operator Card	\$0.00
\$5 Promotional Discount	-\$5.00
TAX (13.0% HST/GST870098175 RT0001)	\$5.84
TOTAL	\$50.79

As always, if you have any questions, just let us know!

Sincerely,

The BOATERexam.com® Team

Need other safety certifications? Check out our other courses at <u>HUNTERcourse.com</u> and <u>ATVcourse.com</u>, <u>SNOWMOBILEcourse.com</u>

Tertificate of (Tompletion



Awarded to: Christopher Beardy

Workers in Ontario Occupational Health and Safety Awareness Training for

For completion of:

May 23, 2019

Date of Issue

criticate of Completion



Awarded to: Christopher Beardy

WHMIS 2015 including the GHS for Workers and Supervisors - All Jurisdictions

For completion of:

May 23, 2019

Date of Issue:

RI 07/17/9 Certificates

Tertificate of Tompletion



Awarded to:

Christopher Beardy

For completion of: Employees (Ontario - Bills 168 and 132) Workplace Violence and Harassment Training for

May 23, 2019

Date of Issue

Tertificate of (Tompletion



Awarded to: Christopher Beardy

For completion of: Workplace Violence and Harassment Refresher Training (Ontario - Bills 168 and 132)

May 23, 2019

Date of Issue



Application for membershin a registered pension plan

Return to: Your plan administrator



Guibes civil union Single Other Sensor Single Other Sensor Other Sensor Other Sensor Other Sensor Other Other Sensor Other	SECTION 1 - EMPLO	YER/PLAN SPONSOR	INFORMATION					
The group annuity product for the registered pension plan is issued by London Lile insurance Company and key design are trade-marks of Great West Life, used under licence by London Lile in subsidiary of Great-West Life. A persurance Company and key design are trade-marks of Great West Life, used under licence by London Lile for the promotion and marketing of insurance products. SECTION 3 — APPLICANT INFORMATION (please print) Last name. SECTION 3 — APPLICANT INFORMATION (please print) Last name. Last name of spouse partner print name of spouse partner province for tax years and the state of spouse partner province in the state of spo			GAL SERVICES	CORP	Policy/plan	number	6801	2
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Alternate telephone no. Alternate telephone no. Province of employment Date joined plan 2018 OF 30 30 30 30 30 30 30 3	Weager	now loke		00			, oo.a. 6	084-240
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Before designating a trust, legal advice should be sought.

Application for membership in a reg

red pension plan (continued)

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 applicant:

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;

· if permitted by the plan, additional voluntary contributions of

+470

. 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
MODERATE	150%		%
	%		%
	%		%

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

trigant 7,22



Application for membership in a registered pension plan

Return to Great-West Life, Group Retirement Services CANNED
1-800-724-3402

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Contingent beneficiary(les) on my death

Beardy

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Total 100%





Application for membership in a registered pension plan (continued)

SECTION REPORTATION OF THE PROPERTY OF THE SECTION OF THE SECTION

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.

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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 issuar 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

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Total allocation must equal 100%

SECTION BETWEEN THE NATIONAL PROPERTY.

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SECTOMNUM SHEWWYSE 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

YOUR INVESTMENT PROFILE:

CIRCLE THE NUMBER THAT BEST REPRESENTS YOUR RESPONSE TO EACH OF THE FOLLOWING STATEMENTS:

1. I understand the trade-off between risk and potential reward and am willing to accept a greater degree of risk to gain higher rewards.

Strongly Agree 10	Agree 8	Neutral 6	Disagree	Strongly Disagree 2
			<u> </u>	

2. If the value of one of my investments was to drop 20% over six months and I felt that this drop was due to stock market fluctuation, I would hold onto that investment with the expectation that it would recover its value in the future.

Strongly Agree	Agree 8	Disagree 4	Strongly Disagree

3. I am knowledgeable about investing.

			<u>·</u>	. ST 1 . ST . SA
Strongly Agree	Agree	Neutral 6.	Disagree	Strongly Disagree

4. I have sources of savings other than my Group Pension Plan that makes me feel secure about my future.

	Strongly Agree 10	Agree 8	Neutral	Disagree 4	Strongly Disagree 2
_		4-1 · 4 ·			

5. My age is: 25

· · · · · · · · · · · · · · · · · · ·	·			
Under 35	35-45	46-55	56-65	Over 65
	8	6	4	2

6. I plan to retire in:

20 years plus 11 - 20 years 6 - 10 years 3 - 5 years 2 years or le 10 8 6 4 2	20 years plus	11 - 20 years 8	6 - 10 years 6	3 - 5 years 4	2 years or less 2
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YOUR TOTAL SCORE IS

- ☐ Conservative Aboriginal (28 or less)
- ☐ Balanced Aboriginal (29-52)
- Aggressive Aboriginal (53 or higher)

Monther Signature

Risk Tolerance

Your total score to the answers on the reverse side is meant to provide you with an indication of the level of risk that you are comfortable with. The five categories of risk are listed below. Using your score from the "Your Total Score is..." section, please find your associated category below:

- ☐ Conservative Aboriginal (28 or less)
- ☐ Balanced Aboriginal (29 to 52)
- □ Aggressive Aboriginal (53 or higher)

Time Horizon

Once you have determined which risk tolerance category you are, your next step is to determine the amount of time that you have until you retire. Please keep in mind, the minimum age for retirement is 55 and that the normal retirement age is 65.

Where do I invest my money?

Once you have determined your risk tolerance and you know how many years you have until you retire, you are ready to invest your funds. If you fail to select an investment fund or your investment instructions received by the carrier are incomplete, your funds will be invested in a Default fund (e.g. Money Market fund).

NOTE: For those members that have less that three years to retirement, please contact WP Financial directly at 1-888-899-6956.

If you should have any questions or concerns regarding the information on this form, or how to complete any part of this form, please contact WP Financial directly for assistance at 1-888-899-6956.





Manulife

Group Benefits Enrolment or Re-enrolment Application

Please print clearly in dark ink using CAPITAL LETTERS. sections and Beneficiary Designation form are to be completed by the

Plan sponsor	Plan sponsor name NShnawbe - Next Legy Services (Afrian contract number 110020
statement	Billing division Account/Division number Plan member's certificate number
	Do you want the waiting period added to the hire date? Yes O No Permanent hire date (dd/mmm/yyyy) 04/02]]
	DO you want the vicinity parties and the service and service and ed (dd/ramm/www)
	Comments yath kells A Hours worked week 35. Salary \$ 31,000 Frequency
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	1 Mil danimida with - B
	is evidence of insurability required? Syes ONo (in order to determine if evidence of insurability is required, please refer to your contract.)
	If yes, please complete form GL0004E and send to Manulife for processing.
Plan member	Plan member's last name BEARDY First name CHRISTOPHER
information	Date of birth (dd/mmm/yyyy) 14/Jun/1993 Gender Male Female Province of residence ON
To be completed i employee	by Language English French Do you have a spouse? (married, common law or civil union?) Yes No
Plan member	Adoress (number, succi, apr.)
address	City PIKANGIKUM Province ON Postal code POV 2L0
Ecc Ougher:	residents (age 65 or over) Are you participating in the RAMQ drug plan? Yes No
coverage Application	for Some plans allow returned benefits in the plan member has coverage under their spouse's plan. If you wish to add coverage a later date you may respond for these benefits at which time satisfactory medical evidence may be required. I am applying for Extended Health Care for
	○ Myself only
	Myself and 1 dependant (child or spouse) Myself and 1 dependant (child or spouse)
	Myself and 2 or more dependants (spouse and children) Myself and 2 or more dependants (spouse and children)
	None, because my spouse has coverage
	Are you applying for Dependant Life? Yes ONo Dependant Life may be mandatory. Refer to the policy details.
	10.4.3
Coordination	In This coule of Ferring (Fyor) are applying for coverage on your dependants.
	n this section is required if you are applying to coverage on your dependants. Do you or your dependants (spouse and/or children) have benefit coverage under another benefits plan?
of benefits	This section is required if you are applying for coverage on your dependants. Do you or your dependants (spouse and/or children) have benefit coverage under another benefits plan? Yes ○ No If yes, please provide the following details: Name of other insurer Great West Life
	This section is required if you are applying for coverage on your dependants. Do you or your dependants (spouse and/or children) have benefit coverage under another benefits plan? Yes ○ No If yes, please provide the following details: Name of other insurer Great West Life Quill First name Dinelle Date of birth (dd/mmm/yyyy) 31/Oct/1991
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of benefits Insured's last name Effective date of con Please Indicate type In cases where the	This section is required if you are applying for coverage on your dependants. Do you or your dependants (spouse and/or children) have benefit coverage under another benefits plan? Yes ○ No If yes, please provide the following details: Name of other insurer Great West Life Quill First name Dinelle Date of birth (dd/mmm/yyyy) 31/Oct/1991 verage (dd/mmm/yyyy) Identification/certificate number 746 Policy number 53445 e of coverage under other plan: Extended Health Benefits Dental Care ○ Single





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9 Authorization		985								
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10 Malling instructions

Plan Member Administration Manulife Financial PO BOX 11006, STN CENTRE-VILLE MONTREAL QC H3C 4T8

_ Date signed (dd/mmm/yyyy) 12



Group Benefits Beneficiary Designation All sections of this page should be completed as it will replace any prior designations.

Please see reverse for assistance in completing this form.

Send the completed form to: Plan Member Administration

Manulife Financial

PO BOX 11006, STN CENTRE-VILLE MONTREAL QC H3C 4T8

Fax: 1-877-733-4233

1 F	lan member information	Plan sponsor name	i.	Plan contract number	NA BOARDON	Plan member certificate nu	
	· · · · · · · · · · · · · · · · · · ·	Plan member nama (last, first and middle initial) BEARDY, CHRISTOPHER		Province of residence	4	Date of Eight (dd/mmm/yy) 14/Jun/1993	egisteriuskas ijas seisiti
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Declaration and authorization

Due to the legal significance of a beneficiary appointment this designation must be signed and dated to be valid.

is under the age of majority.

A copy, fax, scan or image of the beneficiary designation in this form is as valid as the original.

Lhereby revoke any previous beneficiary designations in relation to my foregoing coverage(s) and designate the person(s) named above.

At Manulife Financial, we know that confidentiality of personal information is important. Any information you provide to us will be kept in a Group Life and Health Benefits file. Access to your information will be limited to:

- our employees and service representatives in the performance of their jobs;
- persons to whom you have granted access; and
- persons authorized by law.

You have the right to request access to the personal information in your file and, if necessary, correct any inaccurate information.

l acknowledge that more detailed information concerning how and why Manufife Financial collects, uses and discloses my personal information is available at www.manulife.ca/planmember, or by requesting a copy from my plan sponsor.

Plan member agnature

Date signed (dd/mmm/yyyy)



Nishnawbe-Aski Legal Services Corporation

Sept 9, 2021

Chris Beardy Youth Intervention/Youth Justice Worker Pikangikum, ON POV 2LO

Private and Confidential

Re: Notice of Transfer

Dear Chris:

This letter is to inform you that due to program restructuring, your NALSC Youth Intervention/Youth Justice position is being transferred to <u>King Fisher Lake</u>. A physical transfer will be expected by no later than **September 17, 2021**.

Along with your transfer, you have been assigned additional duties for which you will receive an annual salary increase of \$3000, effective September 7, 2021. Your new annual salary will be \$50,000.

You will continue to report to your current manager, Chantelle Johnson, who will review your new responsibilities with you.

The Human Resources Department is also available to answer any other questions you may have concerning any employment issues.

Thank you,

Colette Shwetz HR Manager

Cc: Finance Department

Mailing Address:

1805 Arthur St. East Unit 100 Thunder Bay, ON P7E 2R6

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

Email: info@nanlegal.on.ca

Website: Http://www.nanlegal.on.ca



Head Office:

138-B Mission Rd, Fort William First Nation, ON P7J 1K7



Manulife

Group Benefits Enrolment or Re-enrolment Application

Please print clearly in dark ink using CAPITAL LETTERS.

Section 1 is to be completed by the plan administrator. The remaining sections and Beneficiary Designation form are to be completed by the plan member.

1	Plan sponsor statement	Plan sponsor name Nishtze	whole- Ax	Legel S	ecuse	_ Confo	ntract numbe	-1100	0
		Billing division	Account/Division r	number	F	Plan membe	r's certificate	number	
	€	Do you want the waiting period as	ided to the hire da	itė? XYes (ON C	Permane	nt hire date (dd/mmm/yyyy)	04/08/2019
		Re-hire date (dd/mmm/yyyy)		If a re-hire, d	ate previo	ous employn	nent ended (dd/mmm/yyyy)	
		Occupation Interviories U	VIA Class	A Hours v	vorked/w	BOK 35	Salary \$_	37,000	Frequency
i c	ertify that the plan h hormal work schedule	rember listed below is actively at i of at least the set minimum hours	work at their usue per week as atore	I place of employed in the plan con					len member works on.
		Plan administrator signature	rales	to Such			Date (dd/mr	nm/yyyy)Ó	1/03/2019
		Is evidence of insurability require	d? Yes O			mine if evid	ence of insu	ability is requir	ed, please refer to
		(Lyes, please complete form GLO	0045 and send to	Manuffle for proc	ntract.)		450.7	F-1 1 161 14	
2	Plan member information	Plan member's last name_BEAF				• • •	e CHRIS	272 2007	
		Date of birth (dd/mmm/yyyy) 14/	Jun/1993	Gender @	Male	○ Female	Province	e of residence	ON
	To be completed by employee	Language @ English O Fre		u have a spouse'	? (married	i, common l	w or civil un	ion?) Yes	s ○No
3	Plan member address	Address (number, street, apt.)	RPORT RD 6						
	4541555	City PIKANGIKUM			Provin	ce ON	Pos	tal code POV	2L0
4	For Quebec res	idents (age \$5 or over)	ve you participatir	ng in the RAMQ d					
5	Application for coverage	Some plens allow refusal of certa a later date, you may reapply for	in benefits if the pi	an riember has hich time satisfa	coverage ctory med	under their	spouse's pla	n, if you wish to	o add coverage et -
		I am applying for Extended Healti			A		TO THE OWNER OF THE PERSON NAMED IN	ental Care for	S. A. Della de
		Myself only			0	Myself only			
		Myself and 1 dependent (chil	d or spouse)		0	Myself and	1 dependant	(child or spou	se)
		Myself and 2 or more depend	iants (spouse and	children)	•	Myself and	2 or more de	pendants (spo	use and children)
		O None, because my spouse h	as coverage		0	None, beca	use my spou	se has covera	ge
		Are you applying for Dependant L	ife? Yes (No Dependa	nt Life m	sy be mand	atory. Refer t	o the policy de	talls.
6	Coordination of benefits	This section is required if you are Do you or your dependants (spou							ONo
		If yes, please provide the following	g details: N	ams of other insu	rer Gre	at West L	fe		
ns	ured's last name Qu	dill	First name Din	elle			ate of birth (dd/mmm/yyyy)	31/Oct/1991
Eff	active date of covera	ge (dd/mmm/yyyy)	_ Identification/c	ertificate number	746			Policy number	53445
Ple	ase indicate type of o	coverage under other plan:	Exte	nded Health Ben	efits		Der	tal Care	
In	cases where the info	mation is not complete a	_	Single			_	Single	
default value will be applied.		_	Couple Family				Couple Family		
			<u></u>	None			ő	None	
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7 Dependant	Complete the tollo	iving Sacilari If t	ne plan includes nealt	and/or dental coverage and you h	ave not re	efűséd ben	elits for Vol	depahdants!
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plan administrator, insu- each other and with Me on their behalf as if they deductions from my pay and administration, if m if applicable, Lauthoriz account ("Account") the me and any other finan- I understand and appli- Payment(s). I also und herain, and require my	rer, investigative ag- nutife, its reinsurers y were signing it the y for my Group Bene y SIN is used as my a Manutife to depos t I have identified or clai institution I choo a that upon the dep erstand and agree personal written end nt, to which I am no	andy, and any at and/or its servic massives, and for its servic missives, and for its plain of any and	iministrators of other to providers, for the Providers, for the Providers, for the Providers, for the Providers, Lauthorize the ertificate number, Lagri "Payments") due to mistro that this direct base future; and shall rament(s) into the Accountary, at any time and witing to future Payment(s) of the Payment(s) of the Payment(s).	facilities or providers, professional recentits programs to collect, use, many be entered by my De their Information, for the Purposes, Jam sutherized by my De their Information, for the Purposes, Juse of my Social Insurance Numberse a photocopy or electronic versice from the above referenced Group ank deposit authorization applies to main velid until revoked in writing by mit, Manufille its fully discharged from hout prior notice, discontinue the discontinue the discontinue the discharged from part of my property, a shall not form part of my property, a	aintain ar pendants authoris or ("SIN") or of this Benefits the finant me, or meny further rect depo	nd exchanges to consent of the purpose of the purpo	e this information to this Aution to this Aution opposes of ide on is valid. If you have the thin the thin this work of the thin this in the thin this in the thin this in the thin thin the thin thin thin thin thin thin thin thin	nation with horization, make niffication wiffication to bank amed by esentative. to such equested do by
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Manulife

Group Benefits Beneficiary Designation

Please see reverse for assistance in completing this form.

Send the completed form to: Plan Member Administration

Manulife Financial PO BOX 11006, STN CENTRE-VILLE MONTREAL QC H3C 4T8 Fax: 1-877-733-4233

Plan member information Plan sponsor name Plan member of residence Plan member carditable number Plan member carditable	All	sections of this page should	be completed as it will replace any prior desi	gnatio	Fa: Ons.	K: 1-	877-733-4233		
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authorization Due to the legal significance of a beneficiary appointment this designation must be signed and dated to be valid. I hereby revoke any previous beneficiary designations in relation to my foregoing coverage(s) and designate the person(s) named above. At Manufite Financial, we know that confidentiality of personal information is important. Any information you provide to us will be kept in a Group Life and Health Benefits file. Access to your information will be limited to: **our employees and service representatives in the performance of their jobs; **persons to whom you have granted access; and	i	Complete if any beneficiary named sunder the age of majority.	any beneficiary under the age of majority (not applicable in Quebec).						
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** * CENTROLE BUILDOZZA DV 1910	6	beneficiary appointment this esignation must be signed and	At Manuife Financial, we know that confidentiality of personal information is important. Any information you provide to us will be kept in a Group Life and Health Benefits file. Access to your information will be limited to: • our employees and service representatives in the performance of their jobs; • persons to whom you have granted access; and						
A copy, fax, scan or image of the beneficiary designation in this form	b	eneficiary designation in this form	You have the right to request access to the personal information in your file and, if necessary, correct any inaccurate information.						
discloses my personal information is available at www.manulife.ca/planmember, or by requesting a copy from my plan aponsor.		*	is Lacandomed de more detailed information conce discloses my personal information is available at ww plan aponsor.	ernina l	DOW and why Manuali	for Cir	annial callanta seems	and rom my	
Plan member signature CID 3 Security in days a proper proper property of the signed (dd/mm//yyyy) 27 Juny 2019			Chistopach	mare mer	KOTT (#1300 HA) VICTOR AND	5	Date signed (dd/mmm/y 27/Mur /2	o14	

Menuine Financial assumes no responsibility for the validity or sufficiency of the content provided by you. The items 'you' and 'yours' refer to the plan member, the term "Plan Sponsor" refers to the entity that offers the group benefits plan, such as an employer.

What is the purpose of a beneficiary?

If you intend for some or all of your death benefit to go to specific individuals, it is important to make sure that you plan shead and select those beneficiaries. Having an up-to-date beneficiary designation will make this possible by listing your primary and contingent beneficiaries and intended allocations.

Beneficiary: the person, people or entity who will receive any death benefit from the basic or optional coverage you have selected through your group benefits plan that becomes payable upon your death. Basic and optional beneficiaries may differ.

Types of beneficiary - Primary vs. Contingent

Primary: the person, people or entity you choose to receive the death benefits. If you choose more than one beneficiery, you will need to indicate what percentage of the benefit you would like each person to receive. When multiple primary beneficiaries are named, the total of the percentages allocated to each primary beneficiary must add up to 100%.

Contingent: the person, people or entity you designate to receive the death benefits if all of the primary beneficiaries die before you. If you select more than one contingent beneficiary, the benefit will be split evenly between the contingent beneficiaries.

What happens to the death benefit when	
The primary beneficiary dies before you and no contingent beneficiary is named.	The death benefit will be paid to your estate.
The primary beneficiary dies before you, but there is a contingent beneficiary(ies) designated.	The benefit will be paid to the contingent beneficiary(ies).
You assign two primary beneficiaries, and one beneficiary dies before you, and you have not updated your Beneficiary Form information.	The entire death benefit that would have been paid to the deceased beneficiary will be paid to the surviving primary beneficiary.

irrevocable vs. Revocable

Irrevocable: the beneficiary you choose cannot be changed without the written permission of that individual. For example, if you choose your spouse or partner to be the designated beneficiary and you end up separating, you will not be able to change the beneficiary designation without a completed release form from them.

In Quebec, naming your spouse (must be a civil union) as a beneficiary automatically means that he/she is an irrevocable beneficiary, unless you specify otherwise or divorce.

Revocable: A revocable beneficiary means that the beneficiary you choose can be changed at any time without the permission of that individual.

For example, if you choose your spouse or partner to be the designated beneficiary and you end up separating, you can then change that beneficiary designation without asking for that person's permission.

Naming a minor as a beneficiary

If a benefit becomes payable to a minor who is named as a primary or contingent beneficiary, the benefit can only be paid on behalf of the minor to a trustee or guardian for property, otherwise it will be paid into court to be held until the beneficiary has reached the age of majority for your specific province. It is important therefore, if you are choosing a beneficiary who is a minor at the time of the designation to also name a trustee.

If you are a Quebec resident, the parents are considered tutors of their child.

If a minor has been designated as an irrevocable beneficiary, the policy is automatically frozen until the beneficiary has reached the age of majority for your specific province. A parent, guardian or trustee cannot consent to a beneficiary change on behalf of a minor.

Minor: a person named as a beneficiary who is under the age of majority for your specific province.

Trustee: a person appointed by you to hold the minor's proceeds in trust until the minor reaches the aga of majority for your specific province.

Tutor: a tutor acts like a trustee.