

# 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](mailto:info@nanlegal.on.ca)

Website:

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



### Head Office:

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

# **CHRISTOPHER BEARDY**

## **CONTACT INFO:**

**Phone Number: (807) 773-5256**

**Email: chrisbeardy@outlook.com**

## **EDUCATION**

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**Pelican Falls First Nation High School**

September 2007

**Dennis Franklin Cromarty High School**

2009 - 2010

## **WORK EXPERIENCE**

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**Wapakeka School Janitor**

Summer 2006

**Wasaya Agent**

Summer 2009

**Capital Management Carpentry**

Summer – Fall 2018

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

## **SKILLS**

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



# NISHNAWBE - ASKI Legal Services Corporation

ENTERED APR 17 2019

AP/PO

## Employee Information

### 1. Personal Information

Full Given Name: Beardy Christopher L  
Last First M Initial.

Address: Airport Road 6 58  
Street Address Box #

Pikangikum ON POV2L0  
City/Town Province Postal Code

Home Phone: (807) 773-5256 Alternate Phone: (807) 728-3731

Primary Email: chrisbeardy@outlook.com

SSN #: 552942328 Status # 2/20090601

### 2. Job Information

Title: Youth Mentor Employee ID: \_\_\_\_\_

Supervisor: Christelle Hanson Department: H

Work Location: Pikangikum Work Email: chbeardy@nanlegal.on.ca

Work Phone: (807) 773-5355 Cell Phone: ( )

Start Date: Feb 21 Benefits: No Pension: Y/N No

Term Date: \_\_\_\_\_ Salary: \$ 37,000-

### 3. Emergency Contact Information

Full Name: Keno Darrin M  
Last First M Initial.

Address: 101 Airport Road 58  
Street Address Box #

Pikangikum ON POV2L0  
City/Town Province Postal Code

Primary Phone: (807) 7281104 Alternate Phone: (807) 728 0848

Relationship: Brothers in law

**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.\*\***

Christopher Beardy

Print Name

Christopher Beardy

Signature

Dated this 6 day of Feb, 2014





Ontario

Driver's Licence  
Permis de conduire

ON  
CANADA



1,2 NAME/ NOM

BEARDY,  
CHRISTOPHER, LEROY DILLON

8 PIKANGIKUM FN P.O. BOX 58  
PIKANGIKUM, ON, P0V 2L0

4d NUMBER/  
NUMERO

B2038 - 12469 - 30614

4a ISS/ DÉL

2016/02/10

4b EXP/ EXP.

2021/02/09

5 DD/ RÉF

DJ6779919

16 HGT/ HAUT.

183 cm

15 SEX/ SEXE

M

9 CLASS/  
CATÉG.

G1

B2038-12469-30614  
1993/06/14

Christopher Beardy

12 REST/  
COND

3 DOB/DDN 1993/06/14



Government  
of Canada

Gouvernement  
du Canada

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. - N° 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).







RECEIVED NOV 06 2019

# RESTORATIVE JUSTICE

Employee Performance Review

EMPLOYEE INFORMATION	
Name <b>Chris Beaudy</b>	Employee ID
Job Title <b>YS/YI</b>	Date <del>Oct</del> <b>NOV 5/19</b>
Department <b>MCYS/YI</b>	Manager <b>Cherille Johnson</b>
Review Period <b>FEB 4/19-</b>	

RATINGS	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
<b>Job Knowledge</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	<i>requires more training.</i>				
<b>Work Quality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
<b>Attendance/Punctuality</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Initiative</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	<i>- not really known</i>				
<b>Communication/Listening Skills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Dependability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
<b>Overall Rating</b> (average the rating numbers above)					

EVALUATION	
ADDITIONAL COMMENTS	<i>- manager approved and recommended raise.</i>
GOALS (as agreed upon by employee and manager)	<i>Trapping/ FA - MHFA. work w/ Quincy C Beaudy</i>

# 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

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Name: CHRISTOPHER BEARDY

Address: PIKANGIKUM ON  
POV 2L0

## Direct Deposit Information

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Transit: 00787

Institution Number: 010

Account Number: 8164886

## Void Cheque

CHRISTOPHER BEARDY  
PIKANGIKUM ON  
POV 2L0

DATE

PAY TO THE ORDER OF  \$

00787 010 8164886

CIBC

Signature: Christopher Beardy

Date: 19/ Feb/ 19'



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 <b>Beardy</b>	First name and initial(s) <b>Christopher L D</b>	Date of birth (YYYY/MM/DD) <b>1993-06-14</b>	Employee number
Address <b>Pikangikum</b>	Postal code <b>P 0 V 2 L 0</b>	For non-residents only – Country of permanent residence	Social insurance number <b>5 5 2 9 4 2 3 2 8</b>

<p><b>1. Basic personal amount</b> – Every person employed in Ontario and every pensioner residing in Ontario can claim this amount. If you will have more than one employer or payer at the same time in 2020, see "More than one employer or payer at the same time" on page 2.</p>	<b>10,783</b>
<p><b>2. Age amount</b> – If you will be 65 or older on December 31, 2020, and your net income from all sources will be \$39,193 or less, enter \$5,265. If your net income for the year will be between \$39,193 and \$74,293 and you want to calculate a partial claim, get Form TD1ON-WS, Worksheet for the 2020 Ontario Personal Tax Credits Return, and fill in the appropriate section.</p>	
<p><b>3. Pension income amount</b> – 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 \$1,491, or your estimated annual pension income, whichever is less.</p>	
<p><b>4. Disability amount</b> – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$8,712.</p>	
<p><b>5. Spouse or common-law partner amount</b> – If you are supporting your spouse or common-law partner 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 TD1ON-WS and fill in the appropriate section.</p>	
<p><b>6. Amount for an eligible dependant</b> – 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 TD1ON-WS and fill in the appropriate section.</p>	
<p><b>7. Ontario caregiver amount</b> – You may be supporting an eligible infirm dependant aged 18 or older who is either your or your spouse's or common-law partner's:</p> <ul style="list-style-type: none"> <li>• child or grandchild</li> <li>• parent, grandparent, brother, sister, aunt, uncle, niece or nephew who is resident in Canada</li> </ul> <p>If this is your situation, get Form TD1ON-WS and fill in the appropriate section.</p>	
<p><b>8. Amounts transferred from your spouse or common-law partner</b> – If your spouse or common-law partner will not use all of their age amount, pension income amount, or disability amount on their income tax and benefit return, enter the unused amount.</p>	
<p><b>9. Amounts transferred from a dependant</b> – If your dependant will not use all of their <b>disability amount</b> on their income tax and benefit return, enter the unused amount.</p>	
<p><b>10. TOTAL CLAIM AMOUNT</b> – Add lines 1 to 9. Your employer or payer will use this amount to determine the amount of your provincial tax deductions.</p>	

**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 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](http://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](http://canada.ca/cra-info-source).

**Certification**

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

Signature

*L. Benucci*

It is a serious offence to make a false return.

Date

2020-01-24

### 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**

Last name (please print) <u>Beardy</u>	Usual first name and Initial(s) <u>Christopher LD</u>	Social insurance number <u>51521942328</u>
Residential address including postal code <u>Pikangikum POB 210</u>		
Is the employee's residence located on a reserve?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Indian status**

Is the employee registered or entitled to be registered as an Indian under the *Indian Act*? Yes  No

If yes, was the employee entitled to be registered:

prior to 2011?

under 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**

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% <sup>\*2</sup> 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 [cra.gc.ca/brgnie/gdlns-eng.html](http://cra.gc.ca/brgnie/gdlns-eng.html).

\*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 Christopher Beardy      Date 12/Feb/2019

Personal information is collected under the *Income Tax Act* to administer tax, benefits, and related programs. It may also be used for any purpose related to the 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. 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 and request correction if there are errors or omissions. Refer to Info Source at [cra.gc.ca/gnceyfp/infosrc/infosrc-eng.html](http://cra.gc.ca/gnceyfp/infosrc/infosrc-eng.html).  
Personal Information Bank CRA PPU 047.

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





# 2022 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 <b>Beardy</b>	First name and initial(s) <b>Christopher L D</b>	Date of birth (YYYY/MM/DD) <b>1993-06-14</b>	Employee number
Address <b>6 Airport Road, Pikangikum</b>		Postal code <b>P 0 V 2 L 0</b>	For non-residents only Country of permanent residence Social insurance number <b>5 5 2 9 4 2 3 2 8</b>

**1. Basic personal amount** – Every resident of Canada can enter a basic personal amount of \$14,398. However, if your net income from all sources will be greater than \$155,625 and you enter \$14,398, 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 \$155,625, you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2022 Personal Tax Credits Return, and enter the calculated amount here.

14,398.00

**2. Canada caregiver amount for infirm children under age 18** – Either parent (but not both), may claim \$2,350 for each infirm child born in 2005 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, 2022, and your net income for the year from all sources will be \$39,826 or less, enter \$7,898. If your net income for the year will be between \$39,826 and \$92,480 and you want to calculate a partial claim, get Form TD1-WS, Worksheet for the 2022 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 \$8,870.

**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 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 \$16,748) whose net income for the year will be \$17,670 or less, enter \$7,525. If their net income for the year will be between \$17,670 and \$25,195 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.

14,398.00



**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 2022, 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 2022?

- 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 \$14,398, 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 2022, you may be able to claim the child amount on Form TD1SK, 2022 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 2022, 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](https://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](https://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](https://canada.ca/cra-info-source).

**Certification**

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

Signature

*Chris Beurdy*

Date

2022-01-12

It is a serious offence to make a false 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 <b>Beardy</b>	First name and initial(s) <b>Christopher L D</b>	Date of birth (YYYY/MM/DD) <b>1993-06-14</b>	Employee number
Address <b>6 Airport Road, Pikangikum</b>		Postal code <b>P 0 V 2 L 0</b>	For non-residents only Country of permanent residence Social insurance number <b>5 5 2 9 4 2 3 2 8</b>
<b>1. Basic personal amount</b> – Every person employed in Ontario and every pensioner residing in Ontario can claim this amount. If you will have more than one employer or payer at the same time in 2022, see "More than one employer or payer at the same time" on page 2.			<b>11,141</b>
<b>2. Age amount</b> – If you will be 65 or older on December 31, 2022, and your net income from all sources will be \$40,495 or less, enter \$5,440. If your net income for the year will be between \$40,495 and \$76,762 and you want to calculate a partial claim, get Form TD1ON-WS, Worksheet for the 2022 Ontario Personal Tax Credits Return, and fill in the appropriate section.			
<b>3. Pension income amount</b> – 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 \$1,541, or your estimated annual pension income, whichever is less.			
<b>4. Disability amount</b> – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$9,001.			
<b>5. Spouse or common-law partner amount</b> – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be \$946 or less, enter \$9,460. If their net income for the year will be between \$946 and \$10,406 and you want to calculate a partial claim, get Form TD1ON-WS and fill in the appropriate section.			
<b>6. Amount for an eligible dependant</b> – 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 \$946 or less, enter \$9,460. If their net income for the year will be between \$946 and \$10,406 and you want to calculate a partial claim, get Form TD1ON-WS and fill in the appropriate section.			
<b>7. Ontario caregiver amount</b> – You may be supporting an eligible infirm dependant aged 18 or older who is either your or your spouse's or common-law partner's: <ul style="list-style-type: none"> <li>• child or grandchild</li> <li>• parent, grandparent, brother, sister, aunt, uncle, niece or nephew who is resident in Canada</li> </ul> If this is your situation, get Form TD1ON-WS and fill in the appropriate section.			
<b>8. Amounts transferred from your spouse or common-law partner</b> – If your spouse or common-law partner will not use all of their age amount, pension income amount, or disability amount on their income tax and benefit return, enter the unused amount.			
<b>9. Amounts transferred from a dependant</b> – If your dependant will not use all of their <b>disability amount</b> on their income tax and benefit return, enter the unused amount.			
<b>10. TOTAL CLAIM AMOUNT</b> – Add lines 1 to 9. Your employer or payer will use this amount to determine the amount of your provincial tax deductions.			<b>11,141</b>



**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 2022, 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](https://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](https://canada.ca/cra-info-source).

**Certification**

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

Signature

Chris Beardsly

Date

2022-01-12

It is a serious offence to make a false return.

## Colette Shwetz

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**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](mailto:cjohnson@nanlegal.on.ca)

TBay - Kingfisher

Total time currently accomplished: 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<sup>®</sup> Team

*Need other safety certifications? Check out our other courses at [HUNTERcourse.com](http://HUNTERcourse.com) and [ATVcourse.com](http://ATVcourse.com), [SNOWMOBILEcourse.com](http://SNOWMOBILEcourse.com)*

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# Certificate of Completion



Awarded to: Christopher Beardy

For completion of: Occupational Health and Safety Awareness Training for Workers in Ontario

Date of Issue: May 23, 2019

  
 Anthony Boyle, CEO-HRdownloads Inc.

# Certificate of Completion



Awarded to: Christopher Beardy

For completion of: WHMIS 2015 including the GHS for Workers and Supervisors - All Jurisdictions

Date of Issue: May 23, 2019

  
Anthony Boyle, CEO HRdownloads Inc.

# Certificate of Completion



Awarded to: Christopher Beardy

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

Date of Issue: May 23, 2019

  
Anthony Boyle, CEO-HRdownloads Inc.



# Certificate of Completion



Awarded to: Christopher Beardy

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

Date of Issue: May 23, 2019

  
 Anthony Boyle, CEO HRdownloads Inc.

Return to: Your plan administrator

**SECTION 1 – EMPLOYER/PLAN SPONSOR INFORMATION**

Name of employer/plan sponsor <b>NISHNAWBE ASKI LEGAL SERVICES CORP</b>	Policy/plan number <b>68012</b>
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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 <b>Benson</b>	Middle initial	First name <b>Charles</b>	Division/subgroup <b>01</b>	Identification/employee number
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Social insurance number <b>477 - 049 - 696</b>	Date of employment yyyy mm dd	Date of birth <b>1962 07 07</b> yyyy mm dd	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Language preference <input checked="" type="checkbox"/> English <input type="checkbox"/> French
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Marital status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Common law <input type="checkbox"/> Quebec civil union <input type="checkbox"/> Single <input type="checkbox"/> Other	Last name of spouse/partner <b>Benson</b>	First name <b>Marjorie Ann</b>	Email address <b>jarrsbenson131313@gmail.com</b> Required for online access and to email information about the plan or services connected with it
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Address (apt. no., street no., street)  
**78 Ernie's Road**

City <b>Weagamow Lake</b>	Province <b>ONT</b>	Postal code <b>P8U-2Y0</b>
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Telephone no. <b>807-469-5273 Ext.</b>	Alternate telephone no. <b>807-633-0971</b>	Province of employment <b>ON</b>	Date joined plan <b>2018 07 30</b> yyyy mm dd
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Registry number (Status Indian) (minimum 10 digits)

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 applicant	% of benefit
<b>Benson</b>	<b>Marjorie Ann</b>	<b>1964 04 04</b>	<b>Wife</b>	<b>100</b>

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 applicant	% of benefit
<b>RAE</b>	<b>MIRANDA A.L.</b>	<b>1988 12 13</b>	<b>Daughter</b>	<b>50</b>
<b>BENSON</b>	<b>CORRINA C.</b>	<b>1986 08 06</b>	<b>Daughter</b>	<b>50</b>

Total 100%

These designations are for all benefits payable under the plan unless pension legislation or the terms of the plan require payment to my eligible 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.**



**Application for membership in a registered 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; 6% and, +4%
- if permitted by the plan, additional voluntary contributions of \_\_\_\_\_ . 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>MODGRATE</u>	<u>100</u> %		%
	%		%
	%		%

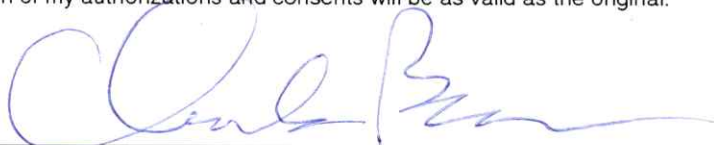
Total allocation must equal 100%

**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

August 7, 2018

Date





# Application for membership in a registered pension plan

Return to Great-West Life, Group Retirement Services

1-800-724-3402

**SCANNED**

**SECTION 1 - EMPLOYER/PLAN SPONSOR INFORMATION**

Name of employer/plan sponsor	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 Beardy	Middle initial L	First name Christopher	Division/subgroup	Identification/employee number
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Social insurance number (SIN) 552 - 942 - 328 <small>I authorize the use of my SIN for tax reporting, identification and record keeping.</small>	Date of employment 2019 02 04 <small>yyyy mm dd</small>	Date of birth 1993 06 14 <small>yyyy mm dd</small>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Language <input checked="" type="checkbox"/> English <input type="checkbox"/> French
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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 Quill, Dinelle	First name	Email address chbeardy@nanlegal.on.ca <small>Required for online access and to email information about the plan or services connected with it</small>
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Address (apt. no., street no., street)  
Airport Road 6 P.O. Box 58

City Pikangikum	Province Ontario	Postal code P0V 2L0
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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) Airport Road 6	City Pikangikum	Province Ontario	Postal code P0v 2L0
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Telephone no. 807-773-1126 Ext.	Alternate telephone no. 807-728-3731	Province of employment Ontario	Date joined plan <small>yyyy mm dd</small>
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Registry number (Status Indian) (minimum 10 digits) 2120090601

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 <small>yyyy mm dd</small>	Relationship to me	% of benefit
Quill	Dinelle	1991 10 31	Common Law	50
Beardy	Kraven	2011 06 29	Son	25
Beardy	Emma	2012 10 31	Daughter	25
				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 <small>yyyy mm dd</small>	Relationship to me	% of benefit
Beardy	John	1997 08 26	Brother	100
				Total 100%



Application for membership in a registered pension plan (continued)

SECTION 6: 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 7: TRUSTEE APPOINTMENT

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

Table with columns: Full name of trustee, Designation, Address, and Capacity. Includes a section for trustee powers.

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.

SECTION 8: EMPLOYER DEDUCTION AUTHORIZATION

I authorize my employer to deduct the following from each pay: member required contributions under the provisions of the plan: 6% and, if permitted by the plan, additional voluntary contributions of: I reserve the right to alter or discontinue this option.

SECTION 9: 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.

Table with columns: Name of investment fund, Percentage, and Name of investment fund/code. Includes a total allocation must equal 100% note.

SECTION 10: CONFIDENTIAL INFORMATION

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.

SECTION 11: 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.

Signature of applicant

Date 21/08/19

# 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 4	Strongly Disagree 2
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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 10	Agree 8	Neutral 6	Disagree 4	Strongly Disagree 2
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3. I am knowledgeable about investing.

Strongly Agree 10	Agree 8	Neutral 6	Disagree 4	Strongly Disagree 2
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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 6	Disagree 4	Strongly Disagree 2
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5. My age is: 25

Under 35 10	35-45 8	46-55 6	56-65 4	Over 65 2
----------------	------------	------------	------------	--------------

6. I plan to retire in:

20 years plus 10	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)

Chris Bewick  
Member 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 than 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.



# 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 Nshnawbe - Nek Legal Services Corp. Plan contract number 110020

Billing division \_\_\_\_\_ Account/Division number \_\_\_\_\_ Plan member's certificate number \_\_\_\_\_

Do you want the waiting period added to the hire date?  Yes  No Permanent hire date (dd/mmm/yyyy) 04/02/19

Re-hire date (dd/mmm/yyyy) \_\_\_\_\_ If a re-hire, data previous employment ended (dd/mmm/yyyy) \_\_\_\_\_

Occupation Community Youth Intervention Worker Class A Hours worked/week 35 Salary \$ 31,100 Frequency \_\_\_\_\_

(Verify that the plan member listed below is actively at work at their usual place of employment in Canada. Actively at work means the plan member works a normal work schedule of at least the set minimum hours per week as stated in the plan contract over a 52 week period including paid vacation.)

Plan administrator signature [Signature] Date (dd/mmm/yyyy) 12/04/19

Is evidence of insurability required?  Yes  No (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.

### 2 Plan member information

Plan member's last name BEARDY First name CHRISTOPHER

Date of birth (dd/mmm/yyyy) 14/Jun/1993 Gender  Male  Female Province of residence ON

To be completed by employee

Language  English  French Do you have a spouse? (married, common law or civil union?)  Yes  No

### 3 Plan member address

Address (number, street, apt.) AIRPORT RD 6

City PIKANGIKUM Province ON Postal code P0V 2L0

4 For Québec residents (age 65 or over) Are you participating in the RAMQ drug plan?  Yes  No

### 5 Application for coverage

Some plans allow refusal of certain benefits if the plan member has coverage under their spouse's plan. If you wish to add coverage at a later date, you may reapply 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 2 or more dependants (spouse and children)
- None, because my spouse has coverage

I am applying for Extended Dental Care for

- Myself only
- Myself and 1 dependant (child or spouse)
- Myself and 2 or more dependants (spouse and children)
- None, because my spouse has coverage

Are you applying for Dependant Life?  Yes  No Dependant Life may be mandatory. Refer to the policy details.

### 6 Coordination 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

Insured's last name Quill First name Dinelle Date of birth (dd/mmm/yyyy) 31/Oct/1991

Effective date of coverage (dd/mmm/yyyy) \_\_\_\_\_ Identification/certificate number 746 Policy number 53445

Please indicate type of coverage under other plan:

Extended Health Benefits	Dental Care
<input type="radio"/> Single	<input type="radio"/> Single
<input type="radio"/> Couple	<input type="radio"/> Couple
<input checked="" type="radio"/> Family	<input checked="" type="radio"/> Family
<input type="radio"/> None	<input type="radio"/> None

In cases where the information is not complete a default value will be applied.

Continued on the next page

7 Dependant information

Complete the following section if the plan includes health and/or dental coverage and you have not refused benefits for your dependants in Section 5 Application for coverage.

Spouse
If there is not enough room to list your dependants, attach details on a separate sheet.

Last name First name Date of birth (dd/mmm/yyyy)
Gender Male Female If common law, please provide the effective date of cohabitation (dd/mmm/yyyy)

To apply for over-age disabled dependant coverage, please complete form GL0514E.

Table with 8 columns: Last name, First name, Date of birth (dd/mmm/yyyy), Gender Male, Gender Female, Over-age student, Over-age disabled dependant\*\*. Rows include Quill, Beardy, and another Beardy.

8 Direct deposit

Transit number 00787

Institution number 010

Bank account number 8164886



Transit number Institution number Account number

Electronic claim statement

By providing your email address, you will receive an invitation to register for an online member account.

Work email address chbeardy@nanlegal.on.ca

Personal email address chrisbeardy@outlook.com

9 Authorization and consent

I hereby apply for coverage ("Coverage") under the Group Benefits plan issued to my plan sponsor by Manulife Financial ("Manulife"). I understand that certain aspects of such Coverage may extend to my spouse and eligible dependants (collectively, "Dependants"). I certify that the information in this form is true and complete to the best of my knowledge. I understand that as the applicant, it is my responsibility to ensure that any further verbal or written statement provided by me, and/or my Dependants, in the future is true and complete to the best of our knowledge. I acknowledge and agree that this Coverage or any portion of this Coverage, and future claims thereunder may be denied or terminated as a result of the provision of false, incomplete, or misleading information. I authorize Manulife to collect, use, maintain and disclose personal information relevant to this application ("Information") for the purposes of Group Benefits plan administration, audit, assessment, investigation, claim management, underwriting and for determining plan eligibility ("Purposes"). I authorize any person or organization with information, including any medical and health professionals, facilities or providers, professional regulatory bodies, any employer, group plan administrator, insurer, investigative agency, and any administrators of other benefits programs to collect, use, maintain and exchange this information with each other and with Manulife, its reinsurers and/or its service providers, for the Purposes. I am authorized by my Dependants to consent to this Authorization, on their behalf as if they were signing it themselves, and to disclose and receive their information, for the Purposes. I authorize my plan sponsor to make deductions from my pay for my Group Benefits plan, if applicable. I authorize the use of my Social Insurance Number ("SIN") for the purposes of identification and administration, if my SIN is used as my plan member certificate number. I agree a photocopy or electronic version of this authorization is valid.

If applicable, I authorize Manulife to deposit all payments ("Payments") due to me from the above referenced Group Benefits policy ("Policy"), into the bank account ("Account") that I have identified on this form. I confirm that this direct bank deposit authorization applies to the financial institution herein named by me and any other financial institution I choose to name in the future; and shall remain valid until revoked in writing by me, or my duly authorized representative. I understand and agree that upon the deposit of any Payment(s) into the Account, Manulife is fully discharged from any further liability with respect to such Payment(s). I also understand and agree that Manulife may, at any time and without prior notice, discontinue the direct deposit of Payment(s), as requested herein, and require my personal written endorsement relating to future Payment(s). I also hereby acknowledge and agree that any Payment(s) made by Manulife into the Account, to which I am not entitled, either by contract or by law, shall not form part of my property, and shall be immediately refunded to Manulife, either by me or by representatives of my estate.

If applicable, I authorize Manulife to correspond with me through the email address identified on this form regarding my Coverage, for the Purposes. I understand such correspondence may contain information; and that the information is being sent in a manner that is not guaranteed as a secured means of communication. I agree that Manulife is not liable for damages which I may incur as a result of interception by a third party of an email transmission sent by Manulife or by me pursuant to this authorization. I agree should the email address identified on this form change that I am responsible for updating the email address maintained by Manulife. I understand that if I do not wish to receive emails from Manulife, I can remove my email address online or by contacting the Customer Service Center.

I understand that any information provided to or collected by Manulife in accordance with this authorization, will be kept in a Group Benefits file, health or disability file. Access to my information will be limited to:

- Manulife employees, representatives, reinsurers, and service providers in the performance of their jobs;
persons to whom I have granted access; and
persons authorized by law.

I have the right to request access to the personal information in my file, and, where appropriate, to have any inaccurate information corrected.

I acknowledge that more specific details regarding how and why Manulife collects, uses, maintains, and discloses my personal information can be found in Manulife's Privacy Policy and Privacy Information Package, available at www.manulife.ca/planmember, or from my Plan Sponsor.

Plan member signature Christopher Beardy

Date signed (dd/mmm/yyyy) 12 Apr 2019

10 Mailing instructions

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





# 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**

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

<b>1 Plan member information</b>	Plan sponsor name	Plan contract number	Plan member certificate number	
	Plan member name (last, first and middle initial) <b>BEARDY, CHRISTOPHER</b>	Province of residence <b>ON</b>	Date of birth (dd/mm/yyyy) <b>14/Jun/1993</b>	
<b>2 Primary beneficiary</b>  List all primary beneficiaries for Basic Life and/or Basic Accidental Death.  Percentages must total 100% to be valid.  Irrevocability	Name of beneficiary (last, first and middle initial) <b>QUILL DINELLE S</b>	Date of birth (dd/mm/yyyy) <b>31/Oct/1991</b>	Relationship to plan member <b>SPOUSE</b>	Percentage <b>50 %</b>
	Name of beneficiary (last, first and middle initial) <b>BEARDY KRAVEN V</b>	Date of birth (dd/mm/yyyy) <b>29/Jun/2011</b>	Relationship to plan member <b>SON</b>	Percentage <b>25 %</b>
	Name of beneficiary (last, first and middle initial) <b>BEARDY EMMA B</b>	Date of birth (dd/mm/yyyy) <b>31/Oct/2012</b>	Relationship to plan member <b>DAUGHTER</b>	Percentage <b>25 %</b>
<b>3 Optional coverage (if applicable)</b>  List all beneficiaries for Optional Life and/or Optional Accidental Death.  Irrevocability	Name of beneficiary (last, first and middle initial)	Date of birth (dd/mm/yyyy)	Relationship to plan member	Percentage %
	Name of beneficiary (last, first and middle initial)	Date of birth (dd/mm/yyyy)	Relationship to plan member	Percentage %
	Name of beneficiary (last, first and middle initial)	Date of birth (dd/mm/yyyy)	Relationship to plan member	Percentage %
<b>4 Contingent beneficiary</b>	Name of contingent beneficiary (last, first and middle initial) <b>QUILL DINELLE S</b>	Date of birth (dd/mm/yyyy) <b>31/Oct/1991</b>	Relationship to plan member <b>COMMON LAW</b>	
	Name of contingent beneficiary (last, first and middle initial)	Date of birth (dd/mm/yyyy)	Relationship to plan member	
<b>5 Trustee appointment</b>  Complete if any beneficiary named is under the age of majority.	I appoint <b>DINELLE S QUILL</b> as Trustee to receive any amount due to any beneficiary under the age of majority (not applicable in Quebec).			
<b>6 Declaration and authorization</b>  Due to the legal significance of a beneficiary appointment this designation must be signed and dated to be valid.  A copy, fax, scan or image of the beneficiary designation in this form is as valid as the original.	<p>I hereby revoke any previous beneficiary designations in relation to my foregoing coverage(s) and designate the person(s) named above.</p> <p>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:</p> <ul style="list-style-type: none"> <li>our employees and service representatives in the performance of their jobs;</li> <li>persons to whom you have granted access; and</li> <li>persons authorized by law.</li> </ul> <p>You have the right to request access to the personal information in your file and, if necessary, correct any inaccurate information.</p> <p>I acknowledge that more detailed information concerning how and why Manulife Financial collects, uses and discloses my personal information is available at <a href="http://www.manulife.ca/planmember">www.manulife.ca/planmember</a>, or by requesting a copy from my plan sponsor.</p>			
	Plan member signature <i>Chris Beaudry</i>	Date signed (dd/mm/yyyy) <b>12/10/2019</b>		



*Please fix Percentages*



### 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 Nishnawbe Aski Legal Services Corp Plan contract number 110020

Billing division \_\_\_\_\_ Account/Division number \_\_\_\_\_ Plan member's certificate number \_\_\_\_\_

Do you want the waiting period added to the hire date?  Yes  No Permanent hire date (dd/mmm/yyyy) 01/08/2019

Re-hire date (dd/mmm/yyyy) \_\_\_\_\_ If a re-hire, date previous employment ended (dd/mmm/yyyy) \_\_\_\_\_

Occupation Community Youth Intervention Worker Class A Hours worked/week 35 Salary \$ 37,000 Frequency \_\_\_\_\_

I certify that the plan member listed below is actively at work at their usual place of employment in Canada. Actively at work means the plan member works a normal work schedule of at least the set minimum hours per week as stated in the plan contract over a 52 week period including paid vacation.

Plan administrator signature [Signature] Date (dd/mmm/yyyy) 27/03/2019

Is evidence of insurability required?  Yes  No (in order to determine if evidence of insurability is required, please refer to your contract.)

If yes, please complete form GL0045 and send to Manulife for processing.

#### 2 Plan member information

Plan member's last name BEARDY First name CHRISTOPHER

To be completed by employee

Date of birth (dd/mmm/yyyy) 14/Jun/1993 Gender  Male  Female Province of residence ON

Language  English  French Do you have a spouse? (married, common law or civil union?)  Yes  No

#### 3 Plan member address

Address (number, street, apt.) AIRPORT RD 6

City PIKANGIKUM Province ON Postal code P0V 2L0

#### 4 For Quebec residents (age 65 or over)

Are you participating in the RAMQ drug plan?  Yes  No

#### 5 Application for coverage

Some plans allow renewal of certain benefits if the plan member has coverage under their spouse's plan. If you wish to add coverage at a later date, you may reapply 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 2 or more dependants (spouse and children)
- None, because my spouse has coverage

I am applying for Extended Dental Care for

- Myself only
- Myself and 1 dependant (child or spouse)
- Myself and 2 or more dependants (spouse and children)
- None, because my spouse has coverage

Are you applying for Dependant Life?  Yes  No Dependant Life may be mandatory. Refer to the policy details.

#### 6 Coordination 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

Insured's last name Quill First name Dinelle Date of birth (dd/mmm/yyyy) 31/Oct/1991

Effective date of coverage (dd/mmm/yyyy) \_\_\_\_\_ Identification/certificate number 746 Policy number 53445

Please indicate type of coverage under other plan:

Extended Health Benefits

- Single
- Couple
- Family
- None

Dental Care

- Single
- Couple
- Family
- None

In cases where the information is not complete a default value will be applied.

Continued on the next page



**7 Dependant information**

Complete the following section if the plan includes health and/or dental coverage and you have not refused benefits for your dependants in Section 2 Application for coverage.

**Spouse**  
If there is not enough room to list your dependants, attach details on a separate sheet.

Last name \_\_\_\_\_ First name \_\_\_\_\_ Date of birth (dd/mm/yyyy) \_\_\_\_\_  
Gender  Male  Female If common law, please provide the effective date of cohabitation (dd/mm/yyyy) \_\_\_\_\_

To apply for coverage disabled dependant coverage, please complete form GLD514E.

Last name	First name	Date of birth (dd/mm/yyyy)	Gender		Over-age student	Over-age disabled dependant**
			Male	Female		
Quil	Dinella	31/Oct/1991	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beardy	Kraven	29/Jun/2011	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beardy	Emma	31/Oct/2012	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**8 Direct deposit**

Transit number 00787

Complete the following section if you would like to sign up for direct deposit of your claim payments.

Institution number 010

Bank account number 8164886



Transit number Institution number Account number

**Electronic claim statement**

By providing your email address, you will receive an invitation to register for an online member account.

Work email address chbeardy@nanlegal.on.ca

Personal email address chrisbeardy@outlook.com

**9 Authorization and consent**

I hereby apply for coverage ("Coverage") under the Group Benefits plan issued to my plan sponsor by Manulife Financial ("Manulife"). I understand that certain aspects of such Coverage may extend to my spouse and eligible dependants (collectively, "Dependants"). I certify that the information in this form is true and complete to the best of my knowledge. I understand that as the applicant, it is my responsibility to ensure that any further verbal or written statement provided by me, and/or my Dependants, in the future is true and complete to the best of our knowledge. I acknowledge and agree that this Coverage or any portion of this Coverage, and future claims thereunder may be denied or terminated as a result of the provision of false, incomplete, or misleading information. I authorize Manulife to collect, use, maintain and disclose personal information relevant to this application ("Information") for the purposes of Group Benefits plan administration, audit, assessment, investigation, claim management, underwriting and for determining plan eligibility ("Purposes"). I authorize any person or organization with Information, including any medical and health professionals, facilities or providers, professional regulatory bodies, any employer, group plan administrator, insurer, investigative agency, and any administrators of other benefits programs to collect, use, maintain and exchange this information with each other and with Manulife, its reinsurers and/or its service providers, for the Purposes. I am authorized by my Dependants to consent to this authorization, on their behalf as if they were signing it themselves, and to disclose and receive their information, for the Purposes. I authorize my plan sponsor to make deductions from my pay for my Group Benefits plan, if applicable. I authorize the use of my Social Insurance Number ("SIN") for the purposes of identification and administration, if my SIN is used as my plan member certificate number. I agree a photocopy or electronic version of this authorization is valid.

If applicable, I authorize Manulife to deposit all payments ("Payments") due to me from the above referenced Group Benefits policy ("Policy"), into the bank account ("Account") that I have identified on this form. I confirm that this direct bank deposit authorization applies to the financial institution herein named by me and any other financial institution I choose to name in the future; and shall remain valid until revoked in writing by me, or my duly authorized representative. I understand and agree that upon the deposit of any Payment(s) into the Account, Manulife is fully discharged from any further liability with respect to such Payment(s). I also understand and agree that Manulife may, at any time and without prior notice, discontinue the direct deposit of Payment(s), as requested herein, and require my personal written endorsement relating to future Payment(s). I also hereby acknowledge and agree that any Payment(s) made by Manulife into the Account, to which I am not entitled, either by contract or by law, shall not form part of my property, and shall be immediately refunded to Manulife, either by me or by representatives of my estate.

If applicable, I authorize Manulife to correspond with me through the email address identified on this form regarding my Coverage, for the Purposes. I understand such correspondence may contain information; and that the information is being sent in a manner that is not guaranteed as a secured means of communication. I agree that Manulife is not liable for damages which I may incur as a result of interception by a third party of an email transmission sent by Manulife or by me pursuant to this authorization. I agree should the email address identified on this form change that I am responsible for updating the email address maintained by Manulife. I understand that if I do not wish to receive emails from Manulife, I can remove my email address online or by contacting the Customer Service Center.

I understand that any information provided to or collected by Manulife in accordance with this authorization, will be kept in a Group Benefits life, health or disability file. Access to my information will be limited to:

- Manulife employees, representatives, reinsurers, and service providers in the performance of their jobs;
- persons to whom I have granted access; and
- persons authorized by law.

I have the right to request access to the personal information in my file, and, where appropriate, to have any inaccurate information corrected.

I acknowledge that more specific details regarding how and why Manulife collects, uses, maintains, and discloses my personal information can be found in Manulife's Privacy Policy and Privacy Information Package, available at www.manulife.ca/planmember, or from my Plan Sponsor.

Plan member signature Chris Beardy

Date signed (dd/mm/yyyy) 27/Mar/2019

**10 Mailing instructions**

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



# 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**

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

## 1 Plan member information

Plan sponsor name	Plan contract number	Plan member certificate number
Plan member name (last, first and middle initial) <b>BEARDY, CHRISTOPHER</b>	Province of residence <b>ON</b>	Date of birth (dd/mmm/yyyy) <b>14/Jun/1993</b>

## 2 Primary beneficiary

List all primary beneficiaries for Basic Life and/or Basic Accidental Death.  
Percentages must total 100% to be valid.

Name of beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyy)	Relationship to plan member	Percentage
<b>QUILL DINELLE S</b>	<b>31/Oct/1991</b>	<b>SPOUSE</b>	<b>33 %</b>
<b>BEARDY KRAVEN V</b>	<b>29/Jun/2011</b>	<b>SON</b>	<b>33 %</b>
<b>BEARDY EMMA B</b>	<b>31/Oct/2012</b>	<b>DAUGHTER</b>	<b>33 %</b>

### Irrevocability

**For Quebec residents only**  
In Quebec, the designation of your spouse as beneficiary is irrevocable unless otherwise specified.  
If spouse is beneficiary, the designation is:  
 Revocable  Irrevocable

## 3 Optional coverage (if applicable)

List all beneficiaries for Optional Life and/or Optional Accidental Death.  
Irrevocability

Name of beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyy)	Relationship to plan member	Percentage
			%
			%
			%

## 4 Contingent beneficiary

Name of contingent beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyy)	Relationship to plan member
<b>QUILL DINELLE S</b>	<b>31/Oct/1991</b>	<b>COMMON LAW</b>

## 5 Trustee appointment

Complete if any beneficiary named is under the age of majority.

I appoint DINELLE S QUILL as Trustee to receive any amount due to any beneficiary under the age of majority (not applicable in Quebec).

## 6 Declaration and authorization

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

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

I hereby 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.

I acknowledge that more detailed information concerning how and why Manulife Financial collects, uses and discloses my personal information is available at [www.manulife.ca/planmember](http://www.manulife.ca/planmember), or by requesting a copy from my plan sponsor.

Plan member signature: Christ Beardy Date signed (dd/mmm/yyyy): 27/Mar/2019

*Please make sure this adds up to 100% Please fix on original and scan back to me.*

Manulife Financial assumes no responsibility for the validity or sufficiency of the content provided by you. The terms '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 ahead 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 beneficiary, 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...**

<i>The primary beneficiary dies before you and no contingent beneficiary is named.</i>	The death benefit will be paid to your estate.
<i>The primary beneficiary dies before you, but there is a contingent beneficiary(ies) designated.</i>	The benefit will be paid to the contingent beneficiary(ies).
<i>You assign two primary beneficiaries, and one beneficiary dies before you, and you have not updated your Beneficiary Form information.</i>	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 age of majority for your specific province.*

*Tutor: a tutor acts like a trustee.*