

TPWOF Member Application Form

Member's First Name:		Last Name:		Badge Number:	
Gender: Male Female	Date of Birth (YY/MM/DD)		Date of Hire (YY/MM/DD)		TPSB Employee Type Uniform Civilian
Home Address and/or Mailing Address:					
City and Province:				Postal Code:	
Email:			Home Phone #		Mobile Phone #
BENEFICIARY DESIGNATION					
<input type="checkbox"/> Pay Funeral Costs First <i>(Check here if applicable)</i>					
I hereby designate the following person(s) named below as my beneficiary(ies) to receive the benefits payable from the TPWOF upon my death, if living:					
Primary Beneficiary Name(s):					
Last Name	First Name	Phone #	Allocation (%)	Relationship to Member	
Contingent Beneficiary Name(s)					
Last Name	First Name	Phone #	Allocation (%)	Relationship to Member	
<i>*Beneficiary allocation must sum 100.00% in order for your changes to be approved</i>					
Benefits designated to minors under the age of 18 years will be held in Trust by the Fund unless a Trustee is appointed. Please complete the Trustee information here:					
<input type="checkbox"/> Trustee for minors <i>(Check here if applicable)</i>	Full Name <i>(Please print)</i>			Relationship to Member	
The above-named Trustee is hereby appointed to receive any payment due on or after the Member's death to any Beneficiary designated in this form who is a minor on the date such proceeds are payable.					
I reserve the right insofar as the laws governing the operation of the TPWOF allow to change the above Beneficiary appointment.					

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PLEASE READ THIS CAREFULLY AS IT AFFECTS YOUR RIGHTS.

In order to manage, oversee and administer the operations of Toronto Police Widows & Orphans Fund (TPWOF), and to evaluate your eligibility for membership in TPWOF, TPWOF is required to collect, use, disclose, retain and otherwise process certain personal information about you (“Personal Information”) including, but not limited to, your name, address, telephone number, date of birth and employment information. Your Personal Information may be disclosed to TPWOF third party service providers, actuaries and/or regulatory authorities for the purposes of evaluating your application for underwriting, servicing, administration and claims processing functions and to comply with legal and regulatory requirements. TPWOF may also collect Personal Information about you from the Toronto Police Services in order to assist with the administration of TPWOF and to process the payment of your TPWOF dues. By completing this application form, you are authorizing TPWOF to collect, use, disclose and retain your Personal Information for the purposes and in the manner described above. Please also refer to our Privacy Statement at www.TPWOF.ca for more information about how we collect, use and disclose Personal Information.

APPLICANT AUTHORIZATION, CONSENT, and PRIVACY Statement

I hereby apply for membership in TPWOF. I have reviewed this form and TPWOF’s Privacy Statement, which explains what Personal Information is collected by TPWOF, why it collects it, to whom it discloses it and how it uses it. I understand that TPWOF is seeking my consent to collect, use and disclose my Personal Information for the purposes of evaluating my application to be a Member of the TPWOF and to administer, implement and manage my membership. I understand that I may refuse to give my consent or that I may later withdraw my consent, and that if I refuse or withdraw my consent, TPWOF will be unable to process my application. I hereby voluntarily consent to the collection, use and disclosure of my Personal Information, as described in this form and in TPWOF’s Privacy Statement.

I hereby authorize TPWOF, Toronto Police Service and any other third parties that may assist TPWOF (now or in the future) with administering or managing TPWOF or its underwriting, servicing, administration, claims processing and adjudication processes, to collect, use, disclose, retain and transfer my Personal Information, in electronic or other form, for the purpose of evaluating my membership application, implementing, administering and managing my membership in TPWOF and for underwriting, servicing, administration, claims processing and adjudication purposes. I understand that my Personal Information will be held only as long as is necessary to implement, administer and manage my membership in TPWOF although the TPWOF may retain certain Personal Information indefinitely if it is required to do so by its regulators.

DUES

I hereby authorize the Toronto Police Service to deduct from my wages the TPWOF dues necessary to maintain my membership in the TPWOF and to remit such amount to the TPWOF.

In the event that the membership dues cannot be deducted from my wages, I understand that, in order to maintain my membership in good standing, I will need to pay such dues through one of the following methods:

1. send an interac e-transfer from my financial institution to Finance@TPWOF.ca noting my full name and badge number in the notes field of the e-transfer;
2. mail a personal cheque(s) made payable to “Toronto Police Widows and Orphans Fund” or “TPWOF” to the TPWOF mailing address; or
3. as otherwise advised by the TPWOF from time to time.

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APPLICANT AUTHORIZATION, CONSENT, and PRIVACY Statement, *continued*

ELECTRONIC SIGNATURE

I understand that my electronic signature on this application form, including faxed versions of an original signature or electronically scanned and transmitted versions, including, without limitation, “pdf”, “tiff” or “jpg”, of an original signature, or my use of a key pad, mouse or other device to select an item, button, icon or similar act/action, constitutes my signature, acceptance and consent as if actually signed by me in writing, and that it will have the same force and effect as a handwritten signature. I acknowledge that my electronic signature shall be binding and shall have the same legal force and effect as my handwritten signature.

Applicant Name: <i>(please print)</i>		Badge No.:
Applicant Signature:		Date (YYYY-MM-DD)
Witness: <i>(Anyone listed as a beneficiary cannot witness this form)</i>		
Witness Name (print)	Witness Signature	Date (YYYY-MM-DD)
Witness Address:		

Office Purpose Only	
Medical Questionnaire on file: Yes No	TPWOF Dues Rate:
CEO Signature:	Approval Date:

Please return your Member Application Form to the TPWOF office through internal mail or Canada Post to 2075 Kennedy Rd., Suite 200, Toronto, ON M1T 3V3 or electronically to Admin@TPWOF.ca.