

Toronto Police Widows & Orphans Fund (TPWOF) Member Application Form

Member's First Name:		Last Name:		Badge Number:																																																						
Gender: Male Female	Date of Birth: (YYYY/MM/DD)	Date of Hire: (YYYY/MM/DD)	TPS Employee Type: Uniform Civilian																																																							
Home Address and/or Mailing Address:																																																										
City and Province:				Postal Code:																																																						
Email:		Home Phone #		Mobile Phone #																																																						
BENEFICIARY DESIGNATION																																																										
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): <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Last Name:</th> <th style="width: 25%;">First Name:</th> <th style="width: 15%;">Phone #</th> <th style="width: 15%;">Allocation (%)</th> <th style="width: 20%;">Relationship to Member</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> Contingent Beneficiary Name(s) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Last Name:</th> <th style="width: 25%;">First Name:</th> <th style="width: 15%;">Phone #</th> <th style="width: 15%;">Allocation (%)</th> <th style="width: 20%;">Relationship to Member</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <i>*Beneficiary allocation must sum 100.00% in order for your changes to be approved</i> <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:</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;"> Trustee for minors <i>(Check here if applicable)</i> </td> <td style="width: 45%; padding: 5px;">Full Name <i>(Please print)</i></td> <td style="width: 30%; padding: 5px;">Relationship to Member</td> </tr> </table> 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.						Last Name:	First Name:	Phone #	Allocation (%)	Relationship to Member																					Last Name:	First Name:	Phone #	Allocation (%)	Relationship to Member																					Trustee for minors <i>(Check here if applicable)</i>	Full Name <i>(Please print)</i>	Relationship to Member
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I reserve the right, insofar as the laws governing the operation of the TPWOF allow, to change the above Beneficiary appointment.																																																										

TPWOF Member Application Form

PLEASE READ THIS CAREFULLY AS IT AFFECTS YOUR RIGHTS.

PERSONAL INFORMATION: In order to manage, oversee and administer the operations of Toronto Police Widows & Orphans Fund (TPWOF), to evaluate your eligibility for membership in TPWOF, and to administer and service your policy, TPWOF is required to collect, disclose, retain and otherwise process certain personal information about you including, but not limited to, your name, address, telephone number, date of birth and employment information (including your leave status) (collectively, “**Personal 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.

The TPWOF may also collect Personal Information about you from the Toronto Police Service (TPS) to assist with the administration of TPWOF and to process the collection and remittance 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 the Toronto Police Widows & Orphans Fund.

I confirm I am Actively at Work at the time of this application. *Please initial* **Yes** **No**

PERSONAL INFORMATION: 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 and coverage. 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 and may be unable to administer my benefits as a member.

I hereby authorize TPWOF, TPS and any other third parties that may assist TPWOF (now or in the future) with administering or managing TPWOF or its underwriting, servicing, administration, dues 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, administering TPWOF benefits, including leave benefits and the TPWOF Central Sick Bank Waiver benefit, 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 and related benefits, provided that the TPWOF may retain certain Personal Information indefinitely if it is required to do so by applicable laws or its regulators.

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.

TPWOF Member Application Form

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

I hereby authorize the TPS to deduct from my wages the TPWOF dues necessary to maintain my membership in the TPWOF and to remit such amount to the TPWOF. I acknowledge and agree that, in the event that the membership dues cannot be deducted from my wages for whatever reason, in order to maintain my membership in good standing I will need to pay such dues directly to the TPWOF.

I also hereby authorize the TPS to assist TPWOF with the administration of dues and to disclose to the TPWOF, Personal Information relevant to my leave status and the collection and/or non-collection of dues, for the purpose of administering TPWOF leave benefits and the TPWOF Central Sick Bank Waiver benefit.

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: *(Please print)*

Badge Number:

Applicant Signature:

Date: *(YYYY/MM/DD)*

Witness: *(Anyone listed as a beneficiary cannot witness this form)*

Witness Name: *(Please print)*

Witness Signature:

Date: *(YYYY/MM/DD)*

Witness Address:

Office Purpose Only

Medical Questionnaire on File:

Yes

No

Member Join Date:

TPWOF Dues Rate:

CEO Signature:

Approval Date:

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