

MILLWRIGHT BENEFIT PLAN TRUST FUNDS LEGAL ASSISTANCE PLAN

MEMBER – Complete this section (please print)			
Member's Name:	Certificate Number:	Date of Birth: Day Mo Year	
Member's Address	City	Province	Postal Code

LAWYER – Complete this section (please print)			
Lawyer's Name:	Law Society Number:	Phone Number:	
Lawyer's Address:	City	Province	Postal Code
Lawyer's Signature:			

IMPORTANT: A signed copy of the Statement of Account must accompany this claim.

Claim Type Code: (See Below For Claim Codes)	Fee: \$
Consultation	Family
100 Legal Advice to a Member through telephone or office consultation	400 Uncontested Separation Agreement for Member or Spouse 410 Uncontested Divorce for Member or Spouse 420 Contested Family Law Matters and/or Family Court Matters 430 Preparation of Power of Attorney for Member or Spouse 440 Adoption 460 Legal Advice to Member's Spouse related to entitlements under the Pension Plan
Estates	
200 Will made by Member or Spouse 210 Wills made by Member and Spouse 220 Codicil to Will by Member or Spouse 230 Codicil to Will by Member and Spouse 240 Probate of Will or Administration of Estate	
Real Estate	
300 Purchase of a personal principal residence or personal vacation property 310 Sale of a personal principal residence or personal vacation property 320 Mortgage of a personal principal residence or personal vacation property 330 Renewal or Discharge or Amendment of a mortgage 340 Preparation or review of lease	

I hereby certify that the above statements are true, accurate and complete to the best of my knowledge and belief. I understand that the Plan Administrator Manion, Wilkins & Associates Ltd., will use the information provided by me on this claim form strictly to process my claim. I hereby authorize the Plan Administrator to evaluate or investigate my claims and release my personal information to qualified third parties solely for the purpose of conducting such evaluations or investigations, and only to the extent required for such purposes. I hereby authorize my union, or government body, and any other applicable person or institutions to release relevant information to the Plan Administrator solely for the purpose of processing this claim. A photocopy of this release shall be as valid as the original.

Member's Signature	Date	Phone Number
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<p style="text-align: center;">MEMBER</p> <p style="text-align: center;">Submit completed claim form and original receipts to:</p> <p style="text-align: center;"> Manion, Wilkins & Associates Ltd 626 – 21 Four Seasons Place Etobicoke, Ontario M9B 0A6 (416) 234-3511 1 (800) 263-5621 Toll Free </p>	<p>If Payment Is To Be Assigned To Lawyer:</p> <p>I hereby assign to the lawyer named herein the amount of the fee payable by this Plan herein and such payment made to the lawyer will be deemed to be a payment to me of any amount due to me by this Plan.</p> <p>_____</p> <p>Member's Signature Date</p>
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