

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

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, and that the attachments to this form are receipts in connection with the services rendered for the above named individuals. I understand that the Plan Administrator Manion, Wilkins & Associates Ltd., will use the information provided by me on this claim form strictly for the purpose of processing my claim. I hereby authorize the use of my Social Insurance Number for tax reporting and the administration of my benefits. 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 (866) 532-8999 Toll Free (416) 234-2071 (Fax) claims@manionwilkins.com (Email)</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>Member's Signature _____ Date _____</p>
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