LiUNA Local 183 Members' Group Legal and Paid Leave Trust Fund

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BUILDING HEALTHY FUTURES

GROUP LEGAL APPLICATION Transfer of Title



LIUNA LOCAL 183 MEMBERS' GROUP LEGAL & PAID LEAVE TRUST FUND

HOW TO SUBMIT A CLAIM FOR A TRANSFER OF TITLE

Pursuant to the provisions of the Fund, this is the required documentation:

- 1 **Member** to complete and sign **<u>Page 1</u>** of the attached claim form;
- 2 Lawyer to complete and sign <u>Page 2</u> of the attached claim form;
- 3 A copy of the registered Transfer/Deed and
- 4 A copy of the **Statement of Account**.

Please submit all the required claim forms and supporting documentation:

<u>BY MAIL</u> LiUNA Local 183 Members' Group Legal & Paid Leave Trust Fund Office 2400 -200 Labourers' Way Vaughan, ON L4H 5H9

> **BY FAX F** 416-243-2281

QUESTIONS? P 416-243-2088

Please keep a copy of your application package for your records and to substantiate your claim.

LIUNA LOCAL 183 MEMBERS' GROUP LEGAL

AND PAID LEAVE TRUST FUND

2400 -200 Labourers' Way, Vaughan, ON L4H 5H9 P 416-243-2088 | F 416-243-2281

CLAIM FOR LEGAL BENEFITS

PAGE 1 - To be completed by MEMBER:

1 **MEMBER INFORMATION** (please print):

Name	-4		First		_		Ossial Incomence Number	
La	st		First				Social Insurance Number	
Address		Street	City		Province		Postal Code	
	Telephone N	umber	Name of Spou	ise	Spo	ouse Da	ate of Birth (D/M/Y)	
1 Leg	al Services a	are for:	Member		Spouse [
2 I dir	direct the Plan to pay the legal services benefit to:							
TERMS		DITIONS:	Member		Spouse [Lawyer/Paralegal	

- i. Members are responsible for the selection of a Lawyer/Paralegal of their own choice. The Plan is not responsible for the quality of service provided by the Lawyer/Paralegal, nor is the Plan responsible for the fees or disbursements, charged by the Lawyer/Paralegal.
- ii. The Plan's sole and exclusive responsibility is to reimburse eligible participants and their spouses for legal service benefits in accordance with the Legal Services Plan adopted by Trustees of the LiUNA Local 183 Members' Group Legal and Paid Leave Trust Fund. Plan Members should confirm their eligibility for benefits and the amount of their entitlements, before retaining a Lawyer/Paralegal.

WAIVER OF SOLICITOR - CLIENT PRIVILEGE

(Must be signed by person who receives legal services)

Ι,

___, hereby waive solicitor-client privilege in

(Name-Please Print) connection with the legal services for which I am making a claim for benefit, in favor of the Trustees of LiUNA Local 183 Members' Group Legal and Paid Leave Trust Fund, their Lawyers and employees who shall have full access to all documents, records and files pertaining to the legal services described in Page 2 of this 2-page application. I also hereby consent to the use of my Social Insurance Number (S.I.N.) for the purposes of processing this Claim.

I certify that the above information is true and that I understand and accept the terms and conditions set out above.

Signature of person receiving legal service benefit & if different from member, also>

Signature of Member

Date

OFFICE USE ONLY

AUTHORIZATION:

LIUNA LOCAL 183 MEMBERS' GROUP LEGAL AND PAID LEAVE TRUST FUND

PAGE 2 - To be completed by LAWYER / PARALEGAL:

1	Name and address of Lawyer, Law Firm or Paralegal:							
		Telephone Number						
2	Name of Client:	Date of Birth						
3	Date you were retained to provide the services below: Day/Mo	onth/Year						
4	4 If your services involve real estate , is the property to:							
	Reside / Resided Rent / Investment Vac	ation Property						
5	ADDITIONAL INFORMATION:							
	i. LiUNA Local 183 Members' Group Legal and Paid Leave Trust Fund ("the TRUST") has no duties, responsibilities or obligations and makes no representations to the Lawyer, Law Firm or Paralegal providing legal services to its members. The Trust's obligations are solely and exclusively to its member, and strictly defined and limited by the Legal Services Benefit currently in effect.							
	 ii. In order for an Eligible Member or Spouse to be reimbursed, the Trust r Account describing the precise nature of services provided, plus documents requested in the instructions. 							
	iii. All accounts must be printed on the letterhead of the Lawyer, Law Firm of	or Paralegal.						
	DESCRIPTION OF SERVICE:							
	PURCHASE WILL SEPA	RATION AGREEMENT						
	SALE DIVO	RCE						
	MORTGAGE CODICIL CHIL	D SUPPORT						
	TRANSFER IMMIGRATION CUST	ODY						
	DISCHARGE HTA (ONTARIO) ADO	PTION						
		NGE OF NAME						
Da	ate of Service Matter is: Continuing	Completed						
A	mount of Legal Fees Billed (No HST and no Disbursements) \$							
Się	ignature of Lawyer/Paralegal Date							
	SUBMIT CLAIM FORM TO: LiUNA Local 183 Members' Group Legal & Paid Leave Trust Fund Office 2400 -200 Labourers' Way Vaughan, ON L4H 5H9 P 416-243-2088							

F 416-243-2281