

**Application to Change Beneficiary(ies)
Widows and Orphans Fund**

Dear Member:

Before you complete this application to change the beneficiary(ies) to receive the benefits of the Fund, a word of explanation is in order.

Any change of beneficiary(ies) is required to conform with the Constitution and By-Laws of the Fund. The requested change may also be affected by existing Statute Law such as the Insurance Act and the Family Law reform Act. to name only two such Statute Laws.

In certain circumstances such as divorce or separation, the member will be required to furnish the Fund with a notarized copy of the Judgement Absolute granting the divorce OR if separated but not divorced a notarized copy of the separation agreement and/or the Decree Nisi.

In the event the death of the member occurs while a change of beneficiary(ies) is being considered for approval OR following the death of the member a conflict of claim by beneficiary(ies) occurs, the Fund will deposit in a trust account the benefits payable at the time of the member's death to be held in trust until the change of beneficiary(ies) is approved and/or until the contested claim is resolved.

The witness to the change of beneficiary application should be a person other than a beneficiary.

Note: Benefits accrued to minors, under the age of 18 years will be held in trust by the Fund, unless a "Trustee" is appointed to receive the benefits.

Mailing Address

Metropolitan Toronto Police Widows and Orphans Fund,
180 Yorkland Blvd., Suite 28,
Willowdale, Ontario.
M2J 1R5

PRINT NAMES IN BLOCK LETTERS
(see reverse before completing)

Employee Number: _____

Member's Surname _____

Given Name(s) _____

I hereby nominate the persons named below as my beneficiary(ies) to receive all benefits payable on my death from the fund. Any former nomination of beneficiary(ies) made by me is hereby cancelled and replaced by the nomination(s) hereunder. (use Alternative Beneficiary(ies) Designated Form (WOF3) to designate alternative beneficiary(ies).)

Beneficiary(ies) Surname, Given Name(s) _____

Relationship _____

Respective Beneficiary Share _____

1. _____

2. _____

3. _____

Signature of Member _____

Unit _____

Date of Application (YYMMDD) _____

Signature of Witness _____

Witnesses' Address (include Postal Code) _____

The foregoing change(s) of beneficiary(ies) is approved insofar as the Constitution and By-Laws of the Fund and other Law in effect from time to time allow.

Signature of Manager or Member of Board of Directors _____

Date of Application (YYMMDD) _____

DISTRIBUTION: - member completes card, forwards via Police Courier to Widows & Orphans Fund Office (WOF) - when changes approved, WOF Office files copy in member's file