

CONFIDENTIAL

Date: _____

The Sir Vincent Meredith Fund Application for Assistance

The Sir Vincent Meredith Fund ("the SVM Fund") is an employee benevolent fund established in 1959 under the Will of the late Sir Vincent Meredith, a former bank president. The purpose of the SVM Fund is to provide assistance to employees, pensioners or their immediate family members and provide relief from financial hardship caused by illness, disability or family crisis.

Information about applicant *(Complete if applicant is different from employee)*

Applicant's name: _____ Relationship to employee: _____

Information about employee

Employee's name: _____ E.I.N: _____

Date of hire/Rehire: _____ Years of service: _____

Company name: _____ Date of birth: _____

If applicable, retirement and/or disability date: _____

Background information about applicant

Home mailing address (City, State/Province, Zip/Postal Code):

Home telephone #: _____ Email address: _____

Marital Status (Circle One): Married Common Law Single Divorced Widowed

Spouse name: _____ Spouse date of birth: _____

Your children or dependents:

	Name	Date of birth
Child/Dependent 1		
Child/Dependent 2		
Child/Dependent 3		

Request

Grants awarded from this fund are taxable income during the year received.

Amount requested from the fund: \$ _____

Purpose: (Why are the funds necessary?) _____

Supporting rationale: Provide brief description of your personal circumstances. Outline why financial assistance is required. Continue on separate page if needed.

Documentation enclosed: _____ Yes _____ No (explain)

Examples: Attach any doctors' letters, estimates, contracts, purchase agreements, invoices or other correspondence relevant to application.

Financial information

Total monthly after tax net income \$ _____

Authorization and Signature

I acknowledge I have read and understand the terms and conditions of the *Sir Vincent Meredith Fund* as described in this application.

I certify the facts in this application are true.

I further acknowledge that I am required to provide information (including personal information) for the review of my application. I hereby consent to the collection or use of all such information by the administrator of the SVM. I understand that from time to time, my information may be transferred to third party service providers for purposes of the administration of the SVM and that such service providers will use such information for the sole purpose of providing such services to the SVM.

Applicant's Signature

Date

Return your completed application via Fax, Mail or eService Request:

Fax:

1-847-554-1327

eService Request:

Access [eService](#) to submit a request or use your BMO email to email bmohr@alight.com

Mail:

Sir Vincent Meredith Fund

c/o BMO Benefits

2 Sheppard Avenue East, 17th Floor

Toronto, Ontario

M2N 7A4