



POWER WORKERS' UNION PROTECTION PLAN REGISTRATION FORM

(Please print – Attach separate sheet if additional space required)

IF YOU HAVE ANY QUESTIONS CALL 1-877-393-0338

Mail, fax or scan/email the completed form (ATTN: Power Workers' Union Protection Plan) to:
2235 Sheridan Garden Drive
Oakville, Ontario
L6J 7Y5
Fax: 905-287-2403 or 1-800-705-0006
Email: pwupp@firstcdn.com

REGISTRATION

MANDATORY FIELDS FOR REGISTRATION TO POWER WORKERS' UNION PROTECTION PLAN

Member Name:	
[Redacted]	
Last	First
Employer: [Redacted]	
Employee Number: [Redacted] (if available)	

Specify at least ONE of the following:	
Chief/Principal Steward: [Redacted]	
Sector and Unit: [Redacted]	

Location of Employment:	
[Redacted]	
Are you a member of the PWU Hiring Hall, meaning you pay out of work dues to the PWU?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

MEMBER CONTACT INFORMATION

Address:				
[Redacted]				
Street	Apt./Unit	City	Province	Ú[• ca/0[à^
Telephone: [Redacted] (Home)		[Redacted] (Work)		
Email: [Redacted]				
Preferred Method of Communication: (check all that apply)				
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Postal	
<input type="checkbox"/> Other (specify) : [Redacted]				



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PLEASE FILL THE FOLLOWING SECTION ONLY IF YOU ARE REGISTERING FOR TITLE INSURANCE*

Do you already own this home/property, or is this a new (or upcoming) purchase transaction?

Existing Home

New Purchase Transaction (after February 26th, 2007)

If you select this option, skip this section and submit the entire registration form, then call the PWUPP Call Centre at 1-877-393-0338 to complete a New Purchase application.

Please state the name of the homeowner(s):

Address of insured property:

Street Apt/Unit City Province Postal Code

Property Information: (specify **ONE** of the following)

Is this residence a: Single family home Condominium Multi-unit (2 – 6) # of units (i.e. duplex)

Purchase price or tax assessed value of the property. If these are not available, please state the approximate value of the property:

Close or move date. If exact date is not known an estimated date is acceptable: (MM/YYYY)

Does your property have a well: Yes No

Is your property on a waterfront: Yes No

Does your property have a septic system: Yes No

OPTIONAL SURVEY QUESTIONS

Age: Do you have a spouse or common law partner? Yes No

How many children live with you in your home?

How many children do you have attending school, but do **not** live in your home?

Do you have a will? Yes No

MAILING INSTRUCTIONS

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* Insurance by FCT Insurance Company Ltd. Services by First Canadian Title Company Limited.