

IUPAT Local 177 Pension Trust Fund

CRA Registration No. 0581397

Declaration RE: Proof of Age

IN THE MATTER OF AN APPLICATION BEING MADE TO THE
IUPAT LOCAL 177 PENSION TRUST FUND

I, _____ of the City of _____, in the Province of _____,

DO SOLEMNLY DECLARE THAT:

In connection with an application that I am making to the IUPAT Local 177 Pension Trust Fund, I have represented to the fund that my date of birth is _____, as written on my pension application and as further confirmed by the _____ # _____ (copy attached showing date of birth) and the _____ # _____ (copy attached showing date of birth).

I declare that I do not have an authorized proof of age as requested on my pension application and I have provided the only proof of age that I have.

AND I make this declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

DECLARED BEFORE ME at the _____)
of _____, in the Province _____)
of _____, this _____ day _____)
of _____, 20 _____)
_____)
A COMMISSIONER FOR OATHS in and _____)
for the Province of _____)

Applicant's Signature

Name of Commissioner (Please Print)

Expiry Date of Commissioner

Please return this form, with your original signature, by mail to:	Ellement Consulting Group 10154 108 Street NW Edmonton AB T5J 1L3 Phone: (780) 452-5161 Toll Free: 1-800-770-2998
--	--

This personal information is being collected under the authority of the IUPAT Local 177 Pension Trust Fund and will be used for the purpose of administering the pension plan. It is protected by the privacy provision of the *Personal Information Protection Act*. If you have any questions about the use of the information on this form, contact the administrator at 1-800-770-2998.