

# 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 I.U.P.A.T. LOCAL 177 PENSION TRUST FUND

I, \_\_\_\_\_ of the City of \_\_\_\_\_, in the Province of \_\_\_\_\_,

DO SOLEMNLY DECLARE THAT:

In connection with a pension application that I have made to the 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:

Funds Administrative Service  
10154 108 Street NW  
Edmonton AB T5J 1L3

Phone: (780) 452-5161 Toll Free: 1-800-770-2998