



**Alberta Ironworkers
Pension Fund**

CRA Registration No. 0555656
AB Registration No. 41970

Declaration RE Proof of Age

IN THE MATTER OF AN APPLICATION BEING MADE TO THE
ALBERTA IRONWORKERS PENSION 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: Ellement
10154 108 St NW
Edmonton AB T5J 1L3
Phone: (780) 452-5161 Toll Free: 1-800-770-2998