



Declaration RE Proof of Age

IN THE MATTER OF AN APPLICATION BEING MADE TO THE LABORERS' PENSION FUND OF WESTERN CANADA

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 Laborers Pension Fund of Western Canada, 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: 780-453-2303 Toll Free: 800-661-7369 Email: laborers@ellement.ca
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