

**Bricklayers & Allied Craftworkers
Pension Fund of AB & SK**

CRA Registration No. 0584888

Declaration RE: Proof of Age

IN THE MATTER OF AN APPLICATION BEING MADE TO THE BRICKLAYERS & ALLIED
CRAFTWORKERS PENSION FUND OF ALBERTA & SASKATCHEWAN

I, _____ of the City of _____, in the
Province of _____, DO SOLEMNLY DECLARE THAT:

In connection with a pension application that I am making to the Bricklayers & Allied Craftworkers
Pension Fund of Alberta and Saskatchewan, 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
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This personal information is being collected under the authority of the Bricklayers & Allied Craftworkers Pension Fund of Alberta and Saskatchewan 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.