

**CWA/ITU Pension Plan (Canada)**

CRA Registration No. 0554717

**Declaration Re: Proof of Age**

IN THE MATTER OF AN APPLICATION BEING MADE TO THE  
CWA/ITU PENSION PLAN (CANADA)

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 CWA/ITU Pension Plan (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 in the \_\_\_\_\_ )  
of \_\_\_\_\_, in the Province \_\_\_\_\_ )  
of \_\_\_\_\_, this \_\_\_\_\_ day \_\_\_\_\_ )  
of \_\_\_\_\_, 20 \_\_\_\_\_ )  
\_\_\_\_\_ )

A COMMISSIONER FOR OATHS (signature) \_\_\_\_\_ )  
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 St 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 CWA/ITU Pension Plan (Canada) 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.