

This form is required for the member to provide additional documentation to support buying service from previous employment.
This declaration must be completed before a Commissioner for Oaths or Notary Public. Once completed, return it to:

LAPP, 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9
Fax: 780-421-1652

Statutory Declaration

CANADA
PROVINCE
OF ALBERTA
TO WIT

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IN THE MATTER OF THE ADMINISTRATION
OF PENSION BENEFITS

I, _____
member's full name

of the _____ of _____ in _____
city, town, village, etc. name of city, town, village, etc. province/territory or state/country (if other than Canada)

solemnly declare as follows:

- I am a member of LAPP.
- I wish to increase my pensionable service under LAPP by applying to buy service during the time that I worked for _____.
name of employer
- I spoke to an authorized representative of _____ and I understand that
name of employer
_____ no longer has records of my employment.
name of employer
- Based on my own records (such as T4s, pay stubs, income tax returns, etc.), I have completed the employment details below. A true copy of those records is attached and marked Exhibit "A" to this declaration.

Year	Employment From Date (YYYY/MM/DD)	Employment To Date (YYYY/MM/DD)	Annual Salary	Full Time = F Part Time = P	Total Hours / Days Worked Each year (if part-time)

(Continued on next page)

5. I understand that LAPP is relying on the information in this declaration to carry out its responsibilities.
6. I have obtained independent legal advice regarding this declaration or I do not wish to obtain it.
7. I am making this declaration freely and voluntarily and without compulsion on the part of any other person.

AND I MAKE this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED before me _____)
printed name of Commissioner for Oaths

at the _____ of _____)
city, town, village, etc. name of city, town, village, etc. signature of member

in _____ this _____)
province/territory day

day of _____ , 20 _____)
month year

signature of Commissioner for Oaths

in and for the province/territory of

commission expiry date (if applicable)