

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

CANADA  
PROVINCE  
OF ALBERTA  
TO WIT

}

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:**

1. I am a member of LAPP.
2. I wish to increase my pensionable service under LAPP by applying to buy service during the time that I worked for \_\_\_\_\_.  
name of employer
3. I spoke to an authorized representative of \_\_\_\_\_ and I understand that \_\_\_\_\_ no longer has records of my employment.  
name of employer
4. 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_