

This form is required for the administration of pension benefits.

This Declaration must be completed before a Commissioner for Oaths or Notary Public. Once completed, return 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, _____
declarant's full name

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

solemnly declare as follows:

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 declarant

in _____ this _____)
province/territory day

day of _____, _____)
month year

_____ signature of Commissioner for Oaths

in and for the province/territory of _____

commission expiry date (if applicable) _____

Personal information on this form is collected under the authority of section 40 of Schedule 1 of the Alberta *Joint Governance of Public Sector Pension Plans Act* and section 33 of the Alberta *Freedom of Information and Protection of Privacy Act* for pension administration purposes. If you have any questions regarding the collection of this information, contact the LAPP Member Services Centre at 1-877-649-5277 or write to: 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9.