



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

}

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)