# Proof of Life Confirmation Form

## SECTION 1 — MEMBER INFORMATION

First Name: _____Middle: _____Last Name: _____

SIN:_____Date of Birth(dd/mm/yyyy):_____

Mailing Address: _____

Email address: _____

## SECTION 2 — MEMBER ACKNOWLEDGMENT

I, the undersigned, hereby declare that:

☐ I am the pension recipient named above and am currently living.
☐ The personal information provided on this form is accurate and complete to the best of my knowledge.
☐ I understand that providing false or misleading information may affect my eligibility to receive pension benefits.

Pensioner Signature: _____

Date (mm/dd/yyyy): _____

## SECTION 3 — WITNESS CERTIFICATION (other than the named-Power of Attorney)

I certify that the above-named individual personally signed this declaration in my presence.

Witness Name: _____

Witness Signature: _____

Relationship to Pensioner: _____

Phone Number: _____

Date (mm/dd/yyyy): _____

Please return the completed form to the following methods:
Mail: Universities Academic Pension Plan/1850, 10303 Jasper Avenue, Edmonton, AB T5J 3N6
Secure portal: eepoint.com/UAPP