

UNCLASSIFIED

DECLARATION OF COMPLIANCE

I, _____, DECLARE THAT:

1. I am a duly authorized signing officer of the employer or a member of a board of trustees or similar body or pension committee, that is the administrator of the (name of pension plan)

hereinafter referred to as “the Plan”; and

2. the Plan, including all documents which create or support the Plan or the pension fund, complies with the *Pension Benefits Standards Act, 1985*, and the Regulations thereto,

or

the Plan as amended, including all documents which create or support the Plan or the pension fund, complies with the *Pension Benefits Standards Act, 1985*, and the Regulations thereto;

and I make this declaration conscientiously believing it to be true.

Date

Signature of Declarant

Title or Position

This Declaration form is to accompany any new plan text. This Declaration form along with the Pension Plan Amendment Information Form which forms the addendum is to accompany any plan amendment.