

AFFIDAVIT OF _____ (Full Legal Name Upper/Lower Case)

Member # _____

I, _____ (Full Legal Name Upper/Lower), do hereby attest as follows:

1. That I am of legal age and sound mind.
2. That I the flesh and blood individual am the rightful and true beneficiary of the birth Trust account of _____ (Full Legal Name All Upper Case),
_____ (SS# or SIN#).
3. That I execute this Affidavit voluntarily, of my own free will.

I certify that the above statements are true and correct to the best of my knowledge.

Dated this _____ day of _____, 20_____.

Authorized Representative (Signature)

Authorized Representative (Full Legal Name Upper/Lower Case)

WITNESS 1: _____
Print Name Witness 1 Signature

Address: _____

City: _____ Province: _____ Postal Code: _____

WITNESS 2: _____
Print Name Witness 2 Signature

Address: _____

City: _____ Province: _____ Postal Code: _____

AFFIDAVIT OF _____ (Full Legal Name Upper/Lower Case)

Member# _____

I, _____ (Full Legal Name Upper/Lower), do hereby attest as follows:

1. That I am of legal age and sound mind.
2. That I the flesh and blood individual am the rightful and true beneficiary of the birth Trust account of _____ (Full Legal Name All Upper Case),
_____ (SS# or SIN#).
3. That I execute this Affidavit voluntarily, of my own free will.

I certify that the above statements are true and correct to the best of my knowledge.

Dated this _____ day of _____, 20_____.

WITNESS 1: _____
Print Name Signature

Address: _____

City: _____ Province: _____ Postal Code: _____

WITNESS 2: _____
Print Name Signature

Address: _____

City: _____ Province: _____ Postal Code: _____