A	FFIDAVIT OF	(F	ull Legal Name Upper/Lower Case)			
	Member #					
I,		(Full Legal Name Up	per/Lower), do hereby attest as			
follov	/s:					
1.	That I am of legal age and sound min	d.				
2.	That I the flesh and blood individual	e beneficiary of the birth Trust				
	account of	(Full	Legal Name All Upper Case),			
	(S	SS# or SIN#).				
3.	3. That I execute this Affidavit voluntarily, of my own free will.					
I certi	fy that the above statements are true an	nd correct to the best of	my knowledge.			
Dated	this day of, 2	20				
		(Signature)				
	Authorized Representative					
	Authorized Representative	(Full Legal Nan	ne Upper/Lower Case)			
WITN	NESS 1:Print Name		Witness 1 Signature			
Addre	ess:		<u> </u>			
	Province:					
WIT	NESS 2:Print Name		Witness 2 Signature			
Addre	ess:		<u> </u>			
City:	Province:	Postal Code:				

AFFIDAVIT OF			(Full Legal Name Upper/Lower Case)	
	Memb	er#		
I,		(Full Legal Name	e Upper/Lower), do hereby attest as follows:	
1. That I am of le	gal age and sound n	nind.		
2. That I the flesh	and blood individu	al 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 volun	tarily, of my own	free will.	
I certify that the above	statements are true	and correct to the	e best of my knowledge.	
Dated this	_ day of	_, 20		
WITNESS 1:	Print Name		Signature	
Address:				
City:	Province: _	Postal Code	e:	
MUTNECC O.				
WITNESS 2:	Print Name		Signature	
Address:				
City:	Province: _	Postal Code	e:	