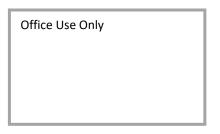


## **NS Pension Services Corporation**

1-800-774-5070 toll free in NS (902) 424-5070 local (902) 424-0662 fax

e-mail: info@nspension.ca www.novascotiapension.ca



## Nova Scotia Public Service Superannuation Plan Dependent Child's Allowance – Declaration of Attendance at School or University

This form must be completed and returned to the Nova Scotia Pension Services Corporation.

PART A – To be completed by student				
SURNAME:	GIVEN NAME(S):		SOCIAL INSURANCE NUMBER:	
FULL ADDRESS (INCLUDING POSTAL CODE):				
DECEASED PARENT'S FULL NAME:		SURVIVING PARENT'S FULL NAME		
ENROLLED AS A STUDENT (NAME OF SCHOOL, UNIVERSITY, COLLEGE, ETC.):				
COMMENCEMENT DATE AND END DATE OF SCHOOL YEAR:				
ENROLLED IN (SPECIFY COURSE, GRADE OR FACULTY):				
The Income Tax Act (ITA) states that students between the ages of 18 and 25 attending university cease to be eligible for a survivor benefit if they are not in continuous full-time attendance at an educational institution. I hereby declare that, to the best of my knowledge and belief, the information given above is true and complete; I undertake to notify the Nova Scotia Pension Services Corporation should I interrupt my attendance at school or university.				
DATE	SIGNATURE OF STUDENT		TELEPHONE NUMBER	
PART B – To be completed by school or university				
To the best of our knowledge and unless otherwise stated below.  Additional Comments:		-	is in Part A, above, ar	e correct
NAME AND ADDRESS OF SCHOOL OR UNIVERSITY:	NAME OF AUTHORIZED PI	ERSON (PRINCIPAL OR RI	EGISTRAR OF INSTITUTION):	
	SIGNATURE:  X  TITLE:			
	DATE:		TELEPHONE NUMBER:	

