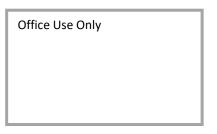


NS Pension Services Corporation

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

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



Application for Survivor's Pension - Nova Scotia Public Service Superannuation Plan

lenti	fication of Deceased Member			
DECEAS	SED MEMBER'S SURNAME:	GIVEN NAME(S):		SOCIAL INSURANCE NUMBER:
DATE O	OF DEATH (D/M/Y):			
lenti	fication of Spouse (if applicab	_ le) – See definition of spouse	below**	
SPOUSE	E'S SURNAME (APPLICANT):	GIVEN NAME(S):		SOCIAL INSURANCE NUMBER:
MAILIN	G ADDRESS LINE 1:			TELEPHONE NUMBER:
MAILIN	G ADDRESS LINE 2:	CITY/TOWN:	PROVINCE:	POSTAL CODE:
Nicks				
retir DOUS A)	Relationship" form. I and the deceased member were D	or cohabitation is less than three year r (A) OR (B) OR (C) s common-law spouse. Please comple comestic Partners registered under the	ete the "Statutory D	e member's death. Declaration of Common-law
Pous A) B)	ement and the period of marriage and/o e's Declaration - Check ✓ eithe My relationship to the deceased wa Relationship" form. I and the deceased member were D Declaration of Domestic Partnership	or cohabitation is less than three year r (A) OR (B) OR (C) s common-law spouse. Please comple comestic Partners registered under the	ete the "Statutory E	Declaration of Common-law Please submit a copy of your
retir Dous A) B)	ement and the period of marriage and/o e's Declaration - Check ✓ eithe My relationship to the deceased wa Relationship" form. I and the deceased member were D Declaration of Domestic Partnership I was legally married to the decease	or cohabitation is less than three year r (A) OR (B) OR (C) s common-law spouse. Please comple comestic Partners registered under the	ete the "Statutory E	Declaration of Common-law Please submit a copy of your
Pous A) B)	ement and the period of marriage and/o e's Declaration - Check ✓ eithe My relationship to the deceased wa Relationship" form. I and the deceased member were D Declaration of Domestic Partnership I was legally married to the decease	or cohabitation is less than three year or (A) OR (B) OR (C) s common-law spouse. Please comple omestic Partners registered under the or d member. Please complete the declar	ete the "Statutory Dete the "Statutory Dete the "Statutory Detection Statistics Act.	e member's death. Declaration of Common-law Please submit a copy of your ow:
Pous A) B) C) I, L	ement and the period of marriage and/o e's Declaration - Check ✓ eithe My relationship to the deceased wa Relationship" form. I and the deceased member were D Declaration of Domestic Partnership I was legally married to the decease SPOUSE'S NAME fication of Eligible Children (if	or cohabitation is less than three year or (A) OR (B) OR (C) s common-law spouse. Please complete comestic Partners registered under the p ord member. Please complete the declar was married to DECEASED MEMBER'S N	ete the "Statutory E e Vital Statistics Act. eration section belo	Declaration of Common-law Please submit a copy of your DW: On DATE OF MARRIAGE (DAY/MONTH/YEAR)
retir pous (A) (B) (C) I, –	ement and the period of marriage and/o e's Declaration - Check ✓ eithe My relationship to the deceased wa Relationship" form. I and the deceased member were D Declaration of Domestic Partnership I was legally married to the decease	or cohabitation is less than three year or (A) OR (B) OR (C) s common-law spouse. Please complete comestic Partners registered under the comestic Partners registered under the comestic Partners registered under the complete the declar was married to DECEASED MEMBER'S N applicable) 25 years of age if attending university (at that students between the ages of	ete the "Statutory E e Vital Statistics Act. aration section belo NAME	Declaration of Common-law Please submit a copy of your DOW: On DATE OF MARRIAGE (DAY/MONTH/YEAR) Sheet if necessary). ling university cease to be eli
A) B) C) I, St all c EASE r a su	erement and the period of marriage and/ore's Declaration - Check ✓ either My relationship to the deceased was Relationship" form. I and the deceased member were Declaration of Domestic Partnership I was legally married to the deceased SPOUSE'S NAME fication of Eligible Children (if hildren under 18 years of age, or up to 2 NOTE: The Income Tax Act (ITA) states	or cohabitation is less than three year or (A) OR (B) OR (C) s common-law spouse. Please complete commestic Partners registered under the point of	ete the "Statutory E e Vital Statistics Act. aration section belo NAME	Declaration of Common-law Please submit a copy of your DATE OF MARRIAGE (DAY/MONTH/YEAR) Cheet if necessary). Iling university cease to be elition.
retir pous (A) (B) (C) I, st all c LEASE or a su	ement and the period of marriage and/o e's Declaration - Check ✓ eithe My relationship to the deceased wa Relationship" form. I and the deceased member were D Declaration of Domestic Partnership I was legally married to the decease SPOUSE'S NAME fication of Eligible Children (if hildren under 18 years of age, or up to 2 NOTE: The Income Tax Act (ITA) states revivor benefit if they are not in contin	or cohabitation is less than three year or (A) OR (B) OR (C) s common-law spouse. Please complete commestic Partners registered under the point of	ete the "Statutory E e Vital Statistics Act. aration section belo NAME (attach additional s	Declaration of Common-law Please submit a copy of your DATE OF MARRIAGE (DAY/MONTH/YEAR) Cheet if necessary). Iling university cease to be elition.
retir pous (A) (B) (C) I, st all c LEASE or a su NAME(S	ement and the period of marriage and/o e's Declaration - Check ✓ eithe My relationship to the deceased wa Relationship" form. I and the deceased member were D Declaration of Domestic Partnership I was legally married to the decease SPOUSE'S NAME fication of Eligible Children (if hildren under 18 years of age, or up to 2 NOTE: The Income Tax Act (ITA) states invivor benefit if they are not in continus (APPLICANT)	or cohabitation is less than three year or (A) OR (B) OR (C) s common-law spouse. Please complete comestic Partners registered under the point of	ete the "Statutory E e Vital Statistics Act. aration section belo NAME (attach additional s	Declaration of Common-law Please submit a copy of your DOW: On DATE OF MARRIAGE (DAY/MONTH/YEAR) Sheet if necessary). ling university cease to be eli