



**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

Office Use Only

## Public Authority Service - Purchase Questionnaire

**Introduction:**

- The Nova Scotia Pension Services Corporation must receive the following information for all requests to purchase prior service with a Public Authority.
- The former employer is asked to complete the form and return to the Pension Services Corporation.
- If you are in receipt of a pension benefit from your former employer, you are not eligible to purchase the service.
- To purchase more than one service period with the same employer, please copy the form as required. To buy service with more than one employer, send a form to each employer.
- The cost to purchase service will be calculated as at the date the completed questionnaire is received by Nova Scotia Pension Services Corporation. Please allow up to six weeks for the quote to be prepared and sent to you.
- **FINAL CALCULATIONS ARE SUBJECT TO APPROVAL BY CANADA REVENUE AGENCY.**

**Instructions:**

1. Complete the member information with your signed authorization for information to be released.
2. Send the form to your former employer for completion.
3. Former employer to return the form to Nova Scotia Pension Services Corporation

**Member Information - to be completed by individual**

SOCIAL INSURANCE NUMBER

\_\_\_\_\_

MR./MRS./MS.

SURNAME

GIVEN NAME(S)

\_\_\_\_\_

STREET ADDRESS/P.O. BOX

\_\_\_\_\_

TOWN/CITY

PROVINCE

POSTAL CODE

\_\_\_\_\_

I hereby authorize for release to the Nova Scotia Pension Services Corporation, any information requested by this form regarding the time, duration, and pensionable status of my former employment with your organization. I also authorize the release of information held by the pension plan administrator.

Signature of Employee

Date

Telephone Number

**Previous Employment Information - to be completed by former employer**

Employer Name

\_\_\_\_\_

Date pensionable service began

Date pensionable service ended

\_\_\_\_\_



**Employment Status during Service Period**

Continuous Full-Time       Continuous Part-Time

Please note: All service must be a minimum of four consecutive months.

**Pension Plan Information**

Is the employee still entitled to benefits from the plan?

Yes

No - Indicate the type and amount of benefit paid, for example the amount of member contributions and interest; commuted value; excess contributions, and the period of service the benefit applied to.

Type of Benefit (Please indicate Cash or RRSP)	Amount Paid	Period of Service (Dates)	
		Pre 1990	Post 1989
	\$		
	\$		
	\$		

Was there a division of pension benefit?

Yes    No   If Yes, please provide details.

Do you permit a member to remove funds from the plan if the pension benefit is deferred?

Yes    No   If No, the member is not eligible to purchase the prior service.

**Service after December 31, 1989**

Please complete the information for each year after December 31, 1989 the employee worked with you.

Year	Credited Service	Pensionable Earnings	PA Reported	PSPA Reported

Please attach a separate sheet if additional space is required.

**Certification**

The information provided in this questionnaire is certified to be correct.

\_\_\_\_\_  
Authorized Signing Officer (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorized Signing Officer (sign)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Email Address

**Return To: Nova Scotia Pension Services Corporation**

PO Box 371, Halifax, NS B3J 2P8  
Purdy's Wharf, Tower 2, Suite 700, 1969 Upper Water St., Halifax, NS B3J 3R7

FORM.0047

