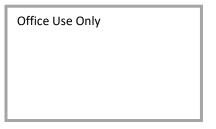


## **NS Pension Services Corporation**

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

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



## **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 NUMBE	R						
MR./MRS./MS.	SURNAME		GIVEN NAME(S)				
STREET ADDRESS/P.O. BOX							
TOWN/CITY	PRC	OVINCE	POSTAL CODE				
by this form regardin	ng the time, duration, an	nd pensionable status of	orporation, any information requesto f my former employment with your pension plan administrator.	ed			
Signature of Employee			Telephone Number				
Previous Employme	ent Information – to b	e completed by former	employer				
Employer Name							
Date pensionable service began		Date pensionable serv	pensionable service ended				



Employment Stat	us during Service Peri	iod						
Continuous Full-		ious Part-Time	cutive mon	ths.				
Pension Plan Info	rmation							
Yes No – Indicate th	l entitled to benefits from	enefit paid, for	•					
	Type of Reposit (Please indicate Cash or RRCP)				Service (Dates)			
Type of Berlefit (P	Type of Benefit (Please indicate Cash or RRSP)		Amount Paid				Post 1989	
			\$		110 1330		103(1505	
			\$					
Service after Dece	f No, the member is not  ember 31, 1989  e information for each ye					ced with	) VOII	
Year	Credited Service		Pensionable		PA Reported		PSPA Reported	
Please attach a sepa	arate sheet if additional	space is require	ed.					
Certification		· · ·				1		
	ovided in this questionna	aire is certified	to be corre	ect.		-		
Authorized Signing Officer (print)		Title	Title					
Authorized Signing Officer (sign)		Telephone N	Telephone Number					
Date		Contact Ema	Contact Email Address					
Return To: Nova	Scotia Pension Service	es Corporatio	n			1		

