

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	

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:			
ENROLLED AS A STUDENT (NAME OF SCHOOL, U	NIVERSITY, COLLEGE, ETC.):		
COMMENCEMENT DATE AND END DATE OF SCH	OOL YEAR:		
ENROLLED IN (SPECIFY COURSE, GRADE OR FACI	JLTY):		
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; <u>I undertake to notify the Nova Scotia Pension Services Corporation should I interrupt my attendance at school or university.</u> X			
DATE	SIGNATURE OF STUDENT	TELEPHONE NUMBER	
PART B – To be completed by	school or university		
To the best of our knowledge and belief, the answers to the questions in Part A, above, are correct unless otherwise stated below. Additional Comments:			
NAME AND ADDRESS OF SCHOOL OR UNIVERSIT	Y: NAME OF AUTHORIZED PERSON (PRINCIPAL OF	R REGISTRAR OF INSTITUTION):	
	SIGNATURE:		
	TITLE:		
	DATE:	TELEPHONE NUMBER:	