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

NOVA SCOTIA PUBLIC SERVICE SUPERANNUATION PLAN

Application for Retirement Benefit

Identification of Plan Member (PLEASE PRINT)

LAST NAME: _____

GIVEN NAME(S): _____

SOCIAL INSURANCE NUMBER: _____

DATE OF BIRTH (DD/MM/YYYY): _____

MAILING ADDRESS Line 1: _____

MAILING ADDRESS Line 2: _____

CITY/TOWN: _____ **PROVINCE:** _____ **POSTAL CODE:** _____

HOME PHONE #: _____ **CELL PHONE #:** _____

EMAIL ADDRESS: _____

DATE OF RETIREMENT (DD/MM/YYYY): _____

_____ _____

SIGNATURE OF PLAN MEMBER **DATE**