



Nova Scotia Public Service Superannuation Plan 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

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|--|------------------------------|--------------------------|
| SURNAME: | GIVEN NAME(S): | SOCIAL INSURANCE NUMBER: |
| FULL ADDRESS (INCLUDING POSTAL CODE): | | |
| DECEASED PARENT'S FULL NAME: | SURVIVING PARENT'S FULL NAME | |
| ENROLLED AS A STUDENT (NAME OF SCHOOL, UNIVERSITY, COLLEGE, ETC.): | | |
| COMMENCEMENT DATE AND END DATE OF SCHOOL YEAR: | | |
| ENROLLED IN (SPECIFY COURSE, GRADE OR FACULTY): | | |

The Income Tax Act (ITA) states that students between the ages of 18 and 25 attending university cease to be eligible for 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; I undertake to notify the Nova Scotia Pension Services Corporation should I interrupt my attendance at school or university.

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: _____

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|---|--|-------------------|
| NAME AND ADDRESS OF SCHOOL OR UNIVERSITY: | NAME OF AUTHORIZED PERSON (PRINCIPAL OR REGISTRAR OF INSTITUTION): | |
| | SIGNATURE: X | |
| | TITLE: | |
| | DATE: | TELEPHONE NUMBER: |

