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Office Use Only

## NOVA SCOTIA PUBLIC SERVICE SUPERANNUATION PLAN APPLICATION FOR A SERVICE PENSION

### Plan Member Identification PLEASE PRINT

|   |                |                                |              |
|---|----------------|--------------------------------|--------------|
| SURNAME:                                      |                | GIVEN NAME(S):                 |              |
| SOCIAL INSURANCE NUMBER:                      | TELEPHONE #:   | DATE OF BIRTH (DAY/MO/YEAR):   |              |
| MAILING ADDRESS Line 1 - NO. & STREET/PO BOX: |                | E-MAIL ADDRESS:                |              |
| MAILING ADDRESS Line 2 - NO. & STREET/PO BOX: | CITY/TOWN:     | PROVINCE:                      | POSTAL CODE: |
| PROPOSED RETIREMENT DATE:                     | LAST EMPLOYER: | EMPLOYMENT DATE (DAY/MO/YEAR): |              |

### Identification of Spouse and Dependent Children Under Age 25 PLEASE PRINT

**NOTE - With this application you must provide:**

1. A photocopy of your birth certificate or passport; and
2. If you are married you must provide a photocopy of your spouse's birth certificate or passport, and a photocopy of your marriage certificate (if applicable).

|                                       |                                   |                                 |  |
|---------------------------------------|-----------------------------------|---------------------------------|--|
| SPOUSE'S SURNAME:                     |                                   | SPOUSE'S GIVEN NAME(S):         |  |
| SPOUSE'S DATE OF BIRTH (DAY/MO/YEAR): | SPOUSE'S SOCIAL INSURANCE NUMBER: | DATE OF MARRIAGE (DAY/MO/YEAR): |  |
| CHILD #1 SURNAME:                     | CHILD #1 GIVEN NAME(S):           |                                 |  |
| CHILD #1 DATE OF BIRTH (DAY/MO/YEAR): | CHILD #1 SOCIAL INSURANCE NUMBER: |                                 |  |
| CHILD #2 SURNAME:                     | CHILD #2 GIVEN NAME(S):           |                                 |  |
| CHILD #2 DATE OF BIRTH (DAY/MO/YEAR): | CHILD #2 SOCIAL INSURANCE NUMBER: |                                 |  |
| CHILD #3 SURNAME:                     | CHILD #3 GIVEN NAME(S):           |                                 |  |
| CHILD #3 DATE OF BIRTH (DAY/MO/YEAR): | CHILD #3 SOCIAL INSURANCE NUMBER: |                                 |  |

**Death Benefits** - If you are applying for retirement proceeds following the death of an employee, please check the box below and provide a copy of the death certificate.

I am applying for death benefits and have enclosed a copy of the death certificate.

X

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

