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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:			

Identification of Spouse and Dependent Children Under Age 25 and Eligible Overage Dependants 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 Marriage Certificate, as well as a photocopy of your spouse’s Birth Certificate or passport.
3. If you are in a domestic partnership you must provide a photocopy of your Certificate of Domestic Partnership, as well as a photocopy of your partner’s Birth Certificate or passport.

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:		

X _____
Signature of Applicant **Date**

