

CHECKLIST

PUBLIC SERVICE SUPERANNUATION PLAN RETIREMENT APPLICATION

YOU MUST NOTIFY your HR Consultant/Employer of your intent to retire

SEND THE FOLLOWING DOCUMENTS TO:

Nova Scotia Pension Services Corporation, PO Box 371, Halifax, NS B3J 2P8

Application for Service Pension (signed & dated);

plus:

Photocopy of Your Birth Certificate or Passport; and, where applicable:

Photocopy of Spouse's Birth Certificate or Passport; (legal, domestic partner or common-law)

Photocopy of your Marriage Certificate or Declaration of Domestic Partnership Certificate

Direct Deposit Form (completed)

Income Tax Forms

(Your Pension Plan is a new Payor so both forms must be completed):

TD1 Federal; and

TD1NS

Note: For maximum income tax deduction, choose only the Basic Personal Amount on each form; sign & date.

Other

Member Information Form (FORM.0092)

Questions?

Phone: (902) 424-5070

Toll free in NS: 1-800-774-5070

Email: pensionsinfo@nspension.ca

Fax: (902) 424-0662





1-800-774-5070 toll free
(902) 424-5070 local
(902) 424-0662 fax
e-mail: pensionsinfo@nspension.ca
www.novascotiapension.ca

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





Nova Scotia Public Service Superannuation Plan Direct Deposit Form

As part of the Nova Scotia Pension Services Corporation's policy to improve the reliability of payment of your monthly pension benefits, we wish to advise that a direct deposit transfer system is mandatory. This system will automatically credit your bank account with the net amount of your pension payment on the third last banking day of each month, rather than mailing the cheque to your home or bank. This system also eliminates the problem of lost cheques and guarantees that your pension payments will continue to reach your bank account in the event of a disruption or delay in postal service.

In order to initiate the direct deposit transfer system, you must have an active account with a chartered bank, credit union or trust company in Canada which participates in direct deposits through the Canadian Banking System.

Where the completed enrolment form is received by our office **before the last day of a month**, the direct deposit procedure **will commence the following month**. Enrolment forms received **after the last day of a month will be processed for direct deposit for the month following**. For your convenience, we are enclosing a direct deposit enrolment form which contains instructions for its completion.

Please note: a **notification of deposit (statement of earnings and deductions) which is normally shown on the cheque stub, will be mailed to your home address only when there is a change from the previous month in the amount of the net deposit of your pension payment. No notification of deposit will be issued when the net deposit remains unchanged from the previous month.**

Should you have any questions regarding the direct deposit transfer system or require assistance before completing the enrolment form, please contact our office. The completed form for all recipients should be forwarded directly to the address at the bottom of this letterhead.

**HAVE YOU CHANGED YOUR ADDRESS?
- PLEASE COMPLETE**

OLD ADDRESS (WITH POSTAL CODE)	NEW ADDRESS (WITH POSTAL CODE)



Nova Scotia Public Service Superannuation Plan Direct Deposit Form

Note: All information will be treated as private and confidential.

Instructions: Please return this form to the Nova Scotia Pension Services Corporation along with a voided cheque or have your bank complete and verify the information requested in the banking section below. The Nova Scotia Pension Services Corporation must be advised immediately in writing of any change in your mailing address, bank, branch, or account number. Failure to advise us of these changes may result in error and/or delay in payment of your pension.

Return this form to: Nova Scotia Pension Services Corporation, PO Box 371, Halifax, NS B3J 2P8

Client Section - This section to be completed by YOU.

I hereby authorize the NS Pension Services Corporation to use this information to affect payment of my monthly pension benefit. The NS Pension Services Corporation ensures this information will be protected in compliance with our Privacy Policy. I also acknowledge and agree that any payments made after the month in which I die or paid in error while I am alive are trust funds of the Public Service Superannuation Fund and are to be returned by me, my estate or my bank upon demand.

Please indicate name and complete mailing address:

_____	Social Insurance Number: _____
_____	Phone Number: _____
X _____	_____
Signature of Pensioner	Date

Banking Section - This section to be completed by your bank or attach a void cheque.

Bank/Financial Institution: _____

Branch Address: _____

Province: _____

Postal Code: _____

Account Holder's Name: _____

Direct Payment Routing Number:

Inst. No.

Transit No.

Account No.

X _____

Signature of Banking Official

_____ Date





Office Use Only

MEMBER INFORMATION FORM

1. Complete the Member Identification section. If you are an active employee, please contact your employer for corrections or updates to personal data, including name, address, phone number and e-mail. If you are retired, please contact the Nova Scotia Pension Services Corporation.
2. Make any adjustments to your eligible survivors in Section 2.
3. For optional changes to your beneficiary information, please see the reverse side of this page.
4. Return form to: Nova Scotia Pension Services Corporation, PO Box 371, 4th Floor, 1949 Upper Water Street, Halifax NS B3J 2P8 Email: pensionsinfo@nspension.ca | Fax: 902-424-0662

Section 1 - Member Identification *(PLEASE PRINT CLEARLY)*

LAST NAME	GIVEN NAME(S)	DATE OF BIRTH:	D	D	M	M	Y	Y	Y	Y
MEMBER ID (optional):	SIN (optional):	PROFESSIONAL # (Teachers only):								

Section 2 - Identification of Eligible Survivors: Spouse and Children

Upon your death a pension is automatically made payable to the following persons in this order:

1. Spouse, and children if any; if no spouse, then to children;
2. If no spouse or children, then to a related person who was dependent on you by reason of mental or physical infirmity.
NOTE - Children who are automatically eligible to receive a survivor pension are: children up to 18 years of age; and between 18 and 25 years of age if they are in continuous full-time attendance at a recognized educational institution.

Identification of Eligible Spouse

- Check one: Single Married Common-law Partner Separated Widow Domestic Partnership
- Divorced – Please forward a copy of the court order or divorce decree.
- Domestic Partner Terminated – Please forward a copy of the Termination of Domestic Partnership Certificate.

LAST NAME	GIVEN NAME(S)									
SIN (optional):	GENDER	DATE OF BIRTH:	D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/> Address same as Plan Member										
MAILING ADDRESS				CITY/TOWN			PROVINCE		POSTAL CODE	

Identification of Eligible Children (If you would like to ensure that your children receive the maximum allowable benefit under the Plan, you should **ALSO** designate them as beneficiaries in Section 3 of this form, whether they are dependent children or not.)

NAMES OF CHILDREN: (Attach a separate sheet if necessary)		DATE OF BIRTH							
LAST NAME	GIVEN NAME(S)	D	D	M	M	Y	Y	Y	Y
1.									
2.									
3.									
4.									

Section 3 – Designation of Beneficiary(ies) (PLEASE PRINT CLEARLY)

A designated beneficiary is not entitled to receive a monthly pension benefit. They are only entitled to receive a refund of your member contributions plus interest, less any pension payments that have already been made, if applicable. This applies only in the event that your eligible survivors (spouse and/or dependent children) pre-decease you. Please use the following section to identify a beneficiary(ies). If you do not wish to choose a beneficiary, simply write "Estate" on the first line in the box below. Note that any beneficiary designated below will be identified on your annual pension statement.

As indicated in Section 2, if you would like to ensure that your children receive the maximum allowable benefit under the Plan, you should ALSO designate them as beneficiaries in this section, whether they are dependent children or not.

******* PLEASE DO NOT LIST ANY SPOUSE IDENTIFIED IN SECTION 2 HERE. *******

Name of Person or Organization		Relationship/ Charity Registration#	Date of Birth				Percent % (should total 100%)				
LAST NAME	GIVEN NAME(S)		D	D	M	M	Y	Y	Y	Y	

**KEEP A COPY OF THIS DESIGNATION FOR YOUR RECORDS AND PROVIDE
A COPY TO YOUR BENEFICIARY(IES).**

Declaration of Plan Member

I hereby revoke any prior beneficiary designation and designate the person(s) and/or organization(s) listed above as my beneficiary(ies):

Print Name

Date (DD-MM-YYYY)

X

Signature of Plan Member

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address	Postal code	For non-residents only – Country of permanent residence	Social insurance number

1. Basic personal amount – Every person employed in Nova Scotia and every pensioner residing in Nova Scotia can claim the basic personal amount. If your taxable income from all sources for the year will be \$25,000 or less enter \$11,481, comprising the basic amount of \$8,481 and the additional amount of \$3,000, and if it is more than \$75,000 enter \$8,481. If your taxable income will be between \$25,000 and \$75,000 and you want to calculate a partial claim for the \$3,000 additional amount, get Form TD1NS-WS, Worksheet for the 2019 Nova Scotia Personal Tax Credits Return, and fill in the appropriate section. If you will have more than one employer or payer at the same time in 2019, see "More than one employer or payer at the same time" on page 2.

2. Age amount – If you will be 65 or older on December 31, 2019, and your net income from all sources will be \$30,828 or less, enter \$4,141. If your net income for the year will be between \$30,828 and \$58,435 and you want to calculate a partial claim, get Form TD1NS-WS, Worksheet for the 2019 Nova Scotia Personal Tax Credits Return, and fill in the appropriate section.

2.1 Age amount supplement – If you will be 65 or older on December 31, 2019, and your taxable income from all sources will be \$25,000 or less, enter \$1,465. If your taxable income for the year will be between \$25,000 and \$75,000 you can calculate a supplement claim. To calculate the claim get Form TD1NS-WS, and fill in the appropriate section.

3. Pension income amount – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$1,173, or your estimated annual pension income, whichever is less.

4. Tuition and education amounts (full time and part time) – If you are a student enrolled at a university, college, or educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees, fill in this section. If you are enrolled full time, or if you have a mental or physical disability and are enrolled part time, enter the total of the tuition fees you will pay, plus \$200 for each month that you will be enrolled. If you are enrolled part time and do not have a mental or physical disability, enter the total of the tuition fees you will pay, plus \$60 for each month that you will be enrolled part time.

5. Disability amount – If you will claim the disability amount on your income tax return by using Form T2201, Disability Tax Credit Certificate, enter \$7,341.

6. Spouse or common-law partner amount – If you are supporting your spouse or common-law partner who lives with you, and his or her net income for the year will be \$848 or less, enter \$8,481. If his or her net income for the year will be between \$848 and \$9,329 and you want to calculate a partial claim, get Form TD1NS-WS and fill in the appropriate section.

6.1. Spouse or common-law partner supplement – If you are supporting your spouse or common-law partner who lives with you, and your taxable income from all sources will be \$25,000 or less, enter \$3,000 less his or her net income. If your taxable income from all sources will be between \$25,000 and \$75,000 and your spouse or common-law partner's net income will be under \$3,000, you can calculate a supplement claim. To calculate the claim, get Form TD1NS-WS, and fill in the appropriate section.

7. Amount for an eligible dependant – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you and whose net income for the year will be \$848 or less, enter \$8,481. If his or her net income for the year will be between \$848 and \$9,329 and you want to calculate a partial claim, get Form TD1NS-WS and fill in the appropriate section.

7.1. Amount for an eligible dependant supplement – If you do not have a spouse or common-law partner and you support a dependant relative who lives with you, and your taxable income from all sources will be \$25,000 or less, enter \$3,000 less his or her net income. If your taxable income from all sources will be between \$25,000 and \$75,000 and your eligible dependant's net income will be under \$3,000, you can calculate a supplement claim. To calculate the claim, get Form TD1NS-WS, and fill in the appropriate section.

8. Caregiver amount – If you are taking care of a dependant who lives with you, whose net income for the year will be \$13,677 or less, and who is either your or your spouse's or common-law partner's:

- parent or grandparent (aged 65 or older); or
- relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$4,898.

If the dependant's net income for the year will be between \$13,677 and \$18,575 and you want to calculate a partial claim, get Form TD1NS-WS and fill in the appropriate section.

9. Amount for infirm dependants age 18 or older – If you are supporting an infirm dependant aged 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$5,683 or less, enter \$2,798. You cannot claim an amount for a dependant you claimed on line 8. If the dependant's net income for the year will be between \$5,683 and \$8,481 and you want to calculate a partial claim, get Form TD1NS-WS and fill in the appropriate section.

10. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of his or her age amount, pension income amount, tuition and education amounts, or disability amount on his or her income tax return, enter the unused amount.

11. Amounts transferred from a dependant – If your dependant will not use all of his or her **disability amount** on his or her income tax return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of his or her **tuition and education amounts** on his or her income tax return, enter the unused amount.

12. TOTAL CLAIM AMOUNT – Add lines 1 to 11.

Your employer or payer will use this amount to determine the amount of your provincial tax deductions.

Filling out Form TD1NS

Fill out this form **only** if you are an employee working in Nova Scotia or a pensioner residing in Nova Scotia and any of the following apply:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration;
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed); or
- you want to increase the amount of tax deducted at source.

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1NS, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

More than one employer or payer at the same time

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1NS for 2019, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1NS, **check** this box, enter "0" on line 12 and do not fill in lines 2 to 11.

Total income less than total claim amount

Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 12. Then your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you wish to have more tax deducted, fill in "Additional tax to be deducted" on the federal Form TD1.

Reduction in tax deductions

You can ask to have less tax deducted on your income tax return if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.

Personal information is collected under the Income Tax Act to administer tax, benefits, and related programs. It may also be used for any purpose related to the enforcement of the Act such as audit, compliance and collection activities. It may be shared or verified with other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. The social insurance number is collected under section 237 of the Act and is used for identification purposes. Under the Privacy Act, individuals have the right to access, or request correction of, their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 at canada.ca/cra-info-source.

Certification

I certify that the information given on this form is correct and complete.

Signature _____ Date _____

It is a serious offence to make a false return.



Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name		First name and initial(s)		Date of birth (YYYY/MM/DD)	Employee number
Address			Postal code	For non-residents only – Country of permanent residence	Social insurance number

<p>1. Basic personal amount – Every resident of Canada can claim this amount. If you will have more than one employer or payer at the same time in 2019, see "More than one employer or payer at the same time" on page 2. If you are a non-resident, see "Non-residents" on page 2.</p>	12,069
<p>2. Canada caregiver amount for infirm children under age 18 – Either parent (but not both), may claim \$2,230 for each infirm child born in 2002 or later, that resides with both parents throughout the year. If the child does not reside with both parents throughout the year, the parent who is entitled to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for that same child who is under age 18.</p>	
<p>3. Age amount – If you will be 65 or older on December 31, 2019, and your net income for the year from all sources will be \$37,790 or less, enter \$7,494. If your net income for the year will be between \$37,790 and \$87,750 and you want to calculate a partial claim, get Form TD1-WS, Worksheet for the 2019 Personal Tax Credits Return, and fill in the appropriate section.</p>	
<p>4. Pension income amount – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$2,000 or your estimated annual pension income, whichever is less.</p>	
<p>5. Tuition (full time and part time) – If you are a student enrolled at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees, fill in this section. If you are enrolled full time or part time, enter the total of the tuition fees you will pay.</p>	
<p>6. Disability amount – If you will claim the disability amount on your income tax return by using Form T2201, Disability Tax Credit Certificate, enter \$8,416.</p>	
<p>7. Spouse or common-law partner amount – If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be less than \$12,069 (\$14,299 if he or she is infirm), enter the difference between this amount and his or her estimated net income for the year. If his or her net income for the year will be \$12,069 or more (\$14,299 or more if he or she is infirm), you cannot claim this amount. In all cases, if his or her net income for the year will be \$23,906 or less and he or she is infirm, go to line 9.</p>	
<p>8. Amount for an eligible dependant – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you and whose net income for the year will be less than \$12,069 (\$14,299 if he or she is infirm and you cannot claim the Canada caregiver amount for children under age 18 for this dependant), enter the difference between this amount and his or her estimated net income. If his or her net income for the year will be \$12,069 or more (\$14,299 or more if he or she is infirm), you cannot claim this amount. In all cases, if his or her net income for the year will be \$23,906 or less and he or she is infirm and is age 18 or older, go to line 9.</p>	
<p>9. Canada caregiver amount for eligible dependant or spouse or common-law partner – If, at any time in the year, you support an infirm eligible dependant (aged 18 or older) or an infirm spouse or common-law partner whose net income for the year will be \$23,906 or less, get Form TD1-WS and fill in the appropriate section.</p>	
<p>10. Canada caregiver amount for dependant(s) age 18 or older – If, at any time in the year, you support an infirm dependant age 18 or older (other than the spouse or common-law partner or eligible dependant you claimed an amount for on line 9, or could have claimed an amount for if his or her net income were under \$14,299) whose net income for the year will be \$16,766 or less, enter \$7,140. If his or her net income for the year will be between \$16,766 and \$23,906 and you want to calculate a partial claim, get Form TD1-WS and fill in the appropriate section. You can claim this amount for more than one infirm dependant age 18 or older. If you are sharing this amount with another caregiver who supports the same dependant, get the Form TD1-WS and fill in the appropriate section.</p>	
<p>11. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of his or her age amount, pension income amount, tuition amount, or disability amount on his or her income tax return, enter the unused amount.</p>	
<p>12. Amounts transferred from a dependant – If your dependant will not use all of his or her disability amount on his or her income tax return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of his or her tuition amount on his or her income tax return, enter the unused amount.</p>	
<p>13. TOTAL CLAIM AMOUNT – Add lines 1 to 12. Your employer or payer will use this amount to determine the amount of your tax deductions.</p>	

Filling out Form TD1

Fill out this form **only** if any of the following apply:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- you want to change amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to claim the deduction for living in a prescribed zone
- you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1, your employer or payer will deduct taxes after allowing the basic personal amount **only**.

More than one employer or payer at the same time

- If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2019, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1, **check** this box, enter "0" on line 13 and do not fill in lines 2 to 12.

Total income less than total claim amount

- Check this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

Non-residents (Only fill in if you are a non-resident of Canada.)

As a non-resident of Canada, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2019?

- Yes (Fill out the previous page.)
- No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

If you are unsure of your residency status, call the international tax and non-resident enquiries line at **1-800-959-8281**.

Provincial or territorial personal tax credits return

If your claim amount on line 13 is more than \$12,069, you also have to fill out a provincial or territorial TD1 form. If you are an employee, use the Form TD1 for your province or territory of employment. If you are a pensioner, use the Form TD1 for your province or territory of residence. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

If you are claiming the basic personal amount **only** (your claim amount on line 13 is \$12,069), your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount.

Note: If you are a Saskatchewan resident supporting children under 18 at any time during 2019, you may be able to claim the child amount on Form TD1SK, 2019 Saskatchewan Personal Tax Credits Return. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

Deduction for living in a prescribed zone

If you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2019, you can claim any of the following:

- \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction

\$

Employees living in a prescribed **intermediate** zone can claim 50% of the total of the above amounts.

For more information, go to canada.ca/taxes-northern-residents.

Additional tax to be deducted

You may want to have more tax deducted from each payment, especially if you receive other income, including non-employment income such as CPP or QPP benefits, or old age security pension. By doing this, you may not have to pay as much tax when you file your income tax return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, fill out a new Form TD1.

\$

Reduction in tax deductions

You can ask to have less tax deducted on your income tax return if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Personal information is collected under the Income Tax Act to administer tax, benefits, and related programs. It may also be used for any purpose related to the enforcement of the Act such as audit, compliance and collection activities. It may be shared or verified with other federal, provincial, territorial or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. The social insurance number is collected under section 237 of the Act and is used for identification purposes. Under the Privacy Act, individuals have the right to access, or request correction of, their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 at canada.ca/cra-info-source.

Certification

I certify that the information given on this form is correct and complete.

Signature _____

It is a serious offence to make a false return.

Date _____

YYYY/MM/DD

PSSP External Resources

- Government of Canada Pension-Related Sites:
 - Canada Pension Plan
www.canada.ca/en/services/benefits/publicpensions/cpp.html
 - Old Age Security
www.canada.ca/en/services/benefits/publicpensions/cpp/old-age-security.html
 - Canada Revenue Agency
www.cra-arc.gc.ca/rpd
 - Statistics Canada
www.statcan.gc.ca/eng/start
 - Bank of Canada
www.bankofcanada.ca

- For Province of Nova Scotia employees only:
 - Nova Scotia Government Retired Employees Association (NSGREA)
www.nsgrea.ca

NOTE: NSGREA was founded in 1985 and has been the primary retirees' organization in connection with the Public Service Superannuation Plan over the past decades. An application form may be obtained by following the NSGREA link, above.

Other retirement organizations also exist. Some of these include CUPE Retirees' Association and the Canadian Association of University Teachers - Retiree Benefits.

- Nova Scotia Government and General Employees Union (NSGEU)
www.nsgeu.ca
- Nova Scotia Government Website
www.novascotia.ca
- Nova Scotia Pharmacare
www.novascotia.ca/dhw/pharmacare
- Medavie Blue Cross
www.medavie.bluecross.ca
- Health Care Contact Information for Pensioners:
For Group Life Insurance and Health Plan 1-902-424-7685 or 1-902-424-3240