



MEMBER INFORMATION FORM

Office Use Only

Please complete this form upon Plan enrolment and/or to correct or change information, including information on annual statements.

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, 1-800-774-5070 toll free in NS, 902-424-5070 local.
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, Halifax, NS B3J 2P8
Email: info@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. If you designate more than one beneficiary, benefits will be divided equally among them unless you indicate otherwise.

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