



NS Pension Services Corporation
 1-800-774-5070 toll free in NS
 (902) 424-5070 local
 (902) 424-0662 fax
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 www.novascotiapension.ca

Office Use Only

Declaration of Attendance at an Educational Institution

PART A – To be completed by student

LAST NAME:	GIVEN NAME(S):	SOCIAL INSURANCE NUMBER(OPTIONAL):
FULL ADDRESS (INCLUDING POSTAL CODE):		
DECEASED PARENT'S FULL NAME:		
NAME OF THE EDUCATIONAL INSTITUTION:		
START AND END DATE OF SCHOOL YEAR:		
ENROLLED IN (SPECIFY COURSE, GRADE OR FACULTY):		

Students between 18 and 25 years of age cease to be eligible for a survivor benefit if they are not in continuous full-time attendance at a recognized educational institution. Continuous full-time attendance, as directed by the *Income Tax Act*, means there can be no break in attendance each school year and attendance must continue solely on a full-time basis. 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 the above-mentioned educational institution.

_____	X	_____
DATE	SIGNATURE OF STUDENT	TELEPHONE NUMBER

PART B – To be completed by the Educational Institution

To the best of our knowledge and belief, the answers to the questions in Part A, above, are correct.

NAME AND ADDRESS OF THE EDUCATIONAL INSTITUTION:	NAME OF AUTHORIZED PERSON (PRINCIPAL OR REGISTRAR OF INSTITUTION):
	SIGNATURE: X
	TITLE:
	DATE:
	TELEPHONE NUMBER:

This form must be completed and returned to the Nova Scotia Pension Services Corporation.