



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

DESIGNATION OF BENEFICIARY FORM

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

Section 1 – Identification of Plan Member PLEASE PRINT

MEMBER ID	LAST NAME	GIVEN NAME(S)									
PROFESSIONAL # (Teachers Only)	SOCIAL INSURANCE NUMBER	DATE OF BIRTH:		D	D	M	M	Y	Y	Y	Y

NOTE: If you are an active employee, please contact your employer directly for corrections or updates to personal data, including name, address, phone number and e-mail. If you are retired, please contact us directly to update personal data.

Section 2 – Identification of Spouse PLEASE PRINT

Check ✓ one: Single Married Common-law Partner Separated Divorced Widow

LAST NAME	GIVEN NAME(S)	GENDER							
SOCIAL INSURANCE NUMBER	DATE OF BIRTH:	D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/> Address same as Plan Member									
MAILING ADDRESS Line 1:									
MAILING ADDRESS Line 2:									
CITY/TOWN			PROVINCE			POSTAL CODE			
NAMES OF CHILDREN UNDER 18 YEARS OF AGE: (Attach a separate sheet if necessary)						AGES OF CHILDREN:			
1.									
2.									
3.									
4.									



DESIGNATING A BENEFICIARY

The following section of the form is necessary in the event that your spouse and/or dependent children pre-decease you and there are no qualified survivors. Eligible beneficiaries include: adult children, friends, other family members, and/or charities.

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

1. Spouse, and children if any;
2. If no spouse, then to children;
3. 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;
- Children between 18 and 25 years of age if they are in continuous full-time attendance at a recognized educational institution.

Section 3 – Identification of Designated Beneficiary **PLEASE PRINT**

In the event that your 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. **Please do not list your spouse and dependent children here, as explained above.**

Please continue on a separate sheet if you are designating more than 4 people as beneficiaries.

Name of Person or Organization		Relationship/ Charity Registration#	Date of Birth								Percent %
LAST NAME	GIVEN NAME		D	D	M	M	Y	Y	Y	Y	
LAST NAME	GIVEN NAME		D	D	M	M	Y	Y	Y	Y	
LAST NAME	GIVEN NAME		D	D	M	M	Y	Y	Y	Y	
LAST NAME	GIVEN NAME		D	D	M	M	Y	Y	Y	Y	
LAST NAME	GIVEN NAME		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).

Section 4 – 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):

X

Signature of Plan Member

Date

