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Office Use Only

## MEMBER INFORMATION/DATA UPDATE 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, 4<sup>th</sup> Floor, 1949 Upper Water Street, Halifax NS B3J 2P8 Email: [pensionsinfo@nspension.ca](mailto: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 (located on page 1 of your statement):		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     Divorced     Widow

To update your marital status to 'divorced', please forward a copy of the court order or divorce decree.

LAST NAME	GIVEN NAME(S)										
SOCIAL INSURANCE NUMBER	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 YOUR SPOUSE 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