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



Application for Survivor's Pension - Nova Scotia Teachers' Pension Plan

Identifi	cation of Deceased Member						
DECEASEI	EASED MEMBER'S SURNAME: GIVEN NAME(S):						SOCIAL INSURANCE NUMBER:
DATE OF	DEATH (D/M/Y):						
Identifi	cation of Spouse (if applicable) – See def	inition of	spouse b	elow**		
SPOUSE'S	SPOUSE'S SURNAME (APPLICANT): GIVEN NAME(S):						SOCIAL INSURANCE NUMBER:
MAILING ADDRESS LINE 1:							TELEPHONE NUMBER:
MAILING ADDRESS LINE 2:			CITY/TOWN: PROVINCE:				POSTAL CODE:
(iiia) a (iv) a p Note: l	nave gone through a form of marriage with ohabited within the year immediately precedure domestic partners within the meaning of the neither married to each other nor to another ceding the death of the member. No spouse shall be entitled to a survivor riod of marriage and/or cohabitation is less than the content of the member.	eding the date of Section 52 of other person an pension if the	of entitlemen the <i>Vital Stat</i> Id have cohab In marriage or	t, stics Act, or sited in a conj	ugal relationship for	r three	e consecutive years immediately
Spouse'	's Declaration – Check ✓ either	(A) <u>OR (B) O</u>	R (C)				
(A)	My relationship to the deceased was common-law spouse. Please complete the "Statutory Declaration of Common-law Relationship" form.						
(B)	I and the deceased member were Domestic Partners registered under the Vital Statistics Act. Please submit a copy of your Declaration of Domestic Partnership						
(C)	I was legally married to the deceased member. Please complete the declaration section below:						
	I, was married to				on .		
	SPOUSE'S NAME			DECEASED MEMBER'S NAME			DATE OF MARRIAGE (DAY/MONTH/YEAR)
Identifi	cation of Eligible Children (if a	pplicable)					
PLEASE N	ldren under 18 years of age, or up to 25 IOTE: The Income Tax Act (ITA) states penefit if they are not in continuous fu	that student	s between t	he ages of 1	8 and 25 attendir		
NAME(S)	(APPLICANT)			BIRTHD	ATE(S) (D/M/Y)		SOCIAL INSURANCE NUMBER(S)
Applica	nt's Signature						
X	ATURE OF APPLICANT (or GUARDIAN IF ELIGIBLE CHIL	D IS UNDER AGE 1	8)			DA	ATE