



**Application for Spouse's Pension - Nova Scotia Teachers' Pension Plan
 Pursuant to Section (18) of the Nova Scotia Teachers' Pension Regulations**

Identification of Deceased Member and Applicant

DECEASED MEMBER'S SURNAME:	GIVEN NAME(S):	SOCIAL INSURANCE NUMBER:
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:	SOCIAL INSURANCE NUMBER(S):	
LIST ANY CHILDREN UNDER 18 YEARS OF AGE OR UP TO 25 YEARS OF AGE IF ATTENDING UNIVERSITY (ATTACHED ADDITIONAL SHEET IF NECESSARY):	BIRTHDATE(S) (DAY/MONTH/YEAR):	

PLEASE MAKE NOTE OF THE FOLLOWING

- The Nova Scotia Teacher's Pension Act defines a surviving spouse as either of two persons of the same or opposite sex who are married to each other, or are married to each other by a marriage that is voidable and has not been annulled by a declaration of nullity (separated), or are neither married to each other nor to another person and have cohabited in a conjugal relationship for at least three consecutive years immediately preceding the death of the member/pensioner (living common-law).
- No spouse shall be entitled to a survivor pension if the marriage or cohabitation took place after the pensioner's retirement but less than three years before the pensioner died.
- I understand that in order to receive survivor benefits, I must be an eligible spouse as defined by the Nova Scotia Teachers' Pension Act.

Spouse's Declaration - Check either (A) OR (B)

- (A) Please check here if your relationship to the deceased was common-law spouse. A "Statutory Declaration of Common-law Relationship" package will be sent to you for completion. You do not need to complete the declaration below.
- OR**
- (B) Please check here if you were legally married to the deceased. Then complete the following declaration and sign and date the below.

Declaration - Complete, Sign & Date

I, _____ was married to the late _____ on _____
APPLICANT'S NAME DECEASED'S NAME

_____ . My spouse died on or about _____
DATE OF MARRIAGE (DAY/MONTH/YEAR) DATE OF DEATH (DAY/MONTH/YEAR)

(attach copy of death certificate) and at the time of his/her death I declare that I am his/her surviving spouse as defined in the Nova Scotia Teachers' Pension Act. I MAKE THIS DECLARATION conscientiously believing it to be true and by virtue of "The Canada Evidence Act".

X _____ DATE _____
SIGNATURE OF APPLICANT

