



Nova Scotia Teachers' Pension Plan

Dependent Child's Allowance – Declaration of Attendance at School or University

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

PART A – To be completed by student

PROFESSIONAL # OF DECEASED TEACHER _____

SURNAME:	GIVEN NAME(S):	SOCIAL INSURANCE NUMBER:
FULL ADDRESS (INCLUDING POSTAL CODE):		
ENROLLED AS A STUDENT (NAME OF SCHOOL, UNIVERSITY, COLLEGE, ETC.):		
TYPE OF ENROLLMENT (PLEASE CHECK ✓ ONE): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		COMMENCEMENT DATE AND END DATE OF SCHOOL YEAR:
ENROLLED IN (SPECIFY COURSE, GRADE OR FACULTY):		

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 school or university.**

_____ DATE	X SIGNATURE OF STUDENT	_____ TELEPHONE NUMBER
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PART B – To be completed by school or university

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

Additional Comments: _____

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

