

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):		
DECEASED PARENT'S FULL NAME:	SURVIVING PARENT'S FULL NAME	
ENROLLED AS A STUDENT (NAME OF SCHOOL, UNIVERSITY, COLLEGE, ETC.):		
COMMENCEMENT DATE AND END DATE OF SCHOOL YEAR:		
ENROLLED IN (SPECIFY COURSE, GRADE OR FACULTY):		

The Income Tax Act (ITA) states that students between the ages of 18 and 25 attending university cease to be eligible for a survivor benefit if they are not in continuous full-time attendance at an educational institution. 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.**

X

DATE

SIGNATURE OF STUDENT

TELEPHONE NUMBER

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:

