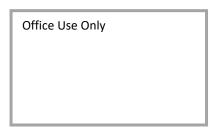


## **NS Pension Services Corporation**

1-800-774-5070 toll free in NS (902) 424-5070 local (902) 424-0662 fax

e-mail: info@nspension.ca www.novascotiapension.ca



## Members of the Legislative Assembly 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			
SURNAME:	GIVEN NAME(S):	SOCIAL INSURANCE NUMBER:	
FULL ADDRESS (INCLUDING POSTAL CODE):			
DECEASED PARENT'S FULL NAME:	SURVIVING PAR	ENT'S FULL NAME	
ENROLLED AS A STUDENT (NAME OF SCHOOL, U	INIVERSITY, COLLEGE, ETC.):		
COMMENCEMENT DATE AND END DATE OF SCH	OOL YEAR:		
ENROLLED IN (SPECIFY COURSE, GRADE OR FAC	ULTY):		
The large Tay Act (ITA) state is a	J 140		:1-1- 6
The Income Tax Act (ITA) states that study a survivor benefit if they are not in conti	_	,	
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	haliaf the answers to the gue	actions in Part A ahove are correc	• <del>+</del>
unless otherwise stated below.	belief, the answers to the que	estions in rail A, above, are correct	
Additional Comments:			
NAME AND ADDRESS OF SCHOOL OR UNIVERSITY:	NAME OF AUTHORIZED PERSON (PRINCIPA	AL OR REGISTRAR OF INSTITUTION):	
	CICNIATUDE		
	SIGNATURE:		
	x		
	x	TELEPHONE NUMBER:	

