

## **NS Pension Services Corporation**

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Office Use Only

## Application for Survivor's Pension - Members of the Legislative Assembly Pension Plan

DECE			
DECEAS	SED MEMBER'S SURNAME:	GIVEN NAME(S):	SOCIAL INSURANCE NUMBER:
DATE C	F DEATH (D/M/Y):		
ldenti	fication of Spouse (if applicable	e) – See definition of spouse b	elow**
SPOUS	S SURNAME (APPLICANT):	GIVEN NAME(S):	SOCIAL INSURANCE NUMBER:
MAILIN	G ADDRESS LINE 1:		TELEPHONE NUMBER:
MAILIN	G ADDRESS LINE 2:	CITY/TOWN:	PROVINCE: POSTAL CODE:
(iii) (iv) (v)	are married to each other by a marriage have gone through a form of marriage w to cohabit, have cohabited within the yea neither of them being married, are cohal are domestic partners within the meaning	with each other, in good faith, that is voi ar immediately preceding the date of e biting in a conjugal relationship of at le ang of Section 52 of the <i>Vital Statistics Act</i>	d and are cohabiting or, where they have cease ntitlement, ast two years with each other, or
<u>, puus</u>	C D D CCIGI G CIOTI - CITCCR , CILICI		
-			the "Statutory Declaration of Common-law
(A)	My relationship to the deceased was Relationship" form.	common-law spouse. Please complete	the "Statutory Declaration of Common-law Vital Statistics Act. Please submit a copy of your
(A) (B)	My relationship to the deceased was Relationship" form. I and the deceased member were Do Declaration of Domestic Partnership	common-law spouse. Please complete	/ital Statistics Act. Please submit a copy of your
(A) (B)	My relationship to the deceased was Relationship" form.  I and the deceased member were Do Declaration of Domestic Partnership I was legally married to the deceased	common-law spouse. Please complete	/ital Statistics Act. Please submit a copy of your
(A) (B) (C) I,	My relationship to the deceased was Relationship" form.  I and the deceased member were Do Declaration of Domestic Partnership I was legally married to the deceased	common-law spouse. Please complete omestic Partners registered under the Name of the Market of the M	Vital Statistics Act. Please submit a copy of your ation section below:
(A) (B) (C) I,	My relationship to the deceased was Relationship" form.  I and the deceased member were Do Declaration of Domestic Partnership I was legally married to the deceased	common-law spouse. Please complete omestic Partners registered under the Name of the Married to Deceased Member's Name	vitial Statistics Act. Please submit a copy of your stion section below:  on  DATE OF MARRIAGE
(A) (B) (C) I, denti	My relationship to the deceased was Relationship" form.  I and the deceased member were Do Declaration of Domestic Partnership I was legally married to the deceased was SPOUSE'S NAME  fication of Eligible Children (if a	common-law spouse. Please complete of the law spouse. Please complete the declarate married to  DECEASED MEMBER'S NAME  applicable)  5 years of age if attending university (at that students between the ages of 1	vital Statistics Act. Please submit a copy of your ation section below:  on  DATE OF MARRIAGE (DAY/MONTH/YEAR)  tach additional sheet if necessary).  8 and 25 attending university cease to be
(A) (B) (C) I, denti ist all c PLEASE	My relationship to the deceased was Relationship" form.  I and the deceased member were Do Declaration of Domestic Partnership I was legally married to the deceased was SPOUSE'S NAME  fication of Eligible Children (if a hildren under 18 years of age, or up to 25 NOTE: The Income Tax Act (ITA) states to	common-law spouse. Please complete of the law spouse. Please complete the declarate married to  DECEASED MEMBER'S NAME  applicable)  5 years of age if attending university (at that students between the ages of 1	Act. Please submit a copy of your stion section below:  On  DATE OF MARRIAGE (DAY/MONTH/YEAR)  tach additional sheet if necessary).  8 and 25 attending university cease to be an educational institution.
(A) (B) (C) I, denti ist all c PLEASE eligible NAME(S	My relationship to the deceased was Relationship" form.  I and the deceased member were Do Declaration of Domestic Partnership I was legally married to the deceased was SPOUSE'S NAME  fication of Eligible Children (if a hildren under 18 years of age, or up to 25 NOTE: The Income Tax Act (ITA) states of the survivor benefit if they are not in	common-law spouse. Please complete omestic Partners registered under the land member. Please complete the declaration married to  DECEASED MEMBER'S NAME  applicable  syears of age if attending university (at that students between the ages of 1 in continuous full-time attendance at	Act. Please submit a copy of your stion section below:  On  DATE OF MARRIAGE (DAY/MONTH/YEAR)  tach additional sheet if necessary).  8 and 25 attending university cease to be an educational institution.
(A) (B) (C) I, List all celligible NAME(S	My relationship to the deceased was Relationship" form.  I and the deceased member were Do Declaration of Domestic Partnership I was legally married to the deceased was SPOUSE'S NAME  fication of Eligible Children (if a hildren under 18 years of age, or up to 25 NOTE: The Income Tax Act (ITA) states of for a survivor benefit if they are not in (APPLICANT)	common-law spouse. Please complete of mestic Partners registered under the Normal Member. Please complete the declarate married to	Act. Please submit a copy of your stion section below:  On  DATE OF MARRIAGE (DAY/MONTH/YEAR)  tach additional sheet if necessary).  8 and 25 attending university cease to be an educational institution.