

Director of Operations & Administration Office of the Speaker

1700 Granville St PO Box 1617 Halifax NS, B3J 1X5 Ph (902) 424-4479 Fax (902) 424-2404

Email: matthew.timmons@novascotia.ca

Required Retirement Documentation

	(Employee's Signature)	
Date:	: Signature:	
>	MLA External Resources	
>	Transition Allowance Request Form IF APPLICABLE – include a copy of your Notice of Asdepositing funds to your RRSP.	ssessment if
>	TD1 Forms – TD1 Federal and TD1NS Provincial	
>	Member Information Form	
>	Direct Deposit Form	
>	Salary History form and calculation of your Transition Allowance calculation. Please review	for accuracy
Atta	ched are the following forms which require your attention and/or complet	ion:
	Full mailing address:	
	Names and birth dates of children under 25 years of age (Birth Certificate Photocopies)	
	Photocopies of Birth Certificates or Passports for both employee and spouse.	
	Date of Marriage (Marriage Certificate Photocopy):	
	Spouse's Social Insurance Number:	
	Spouse's date of birth:	
	Spouse's name in full:	
	Employment Date: Retirement Date:	
	Department/Agency Employed:	
	Employee's Social Insurance Number: Completed Revenue Canada TDI Tax Exemption Return.	
	Employee's date of birth:	
	Employee's name in full:	
	Employee's name in full:	

Return completed form along with requested information to:

Matthew Timmons, Director of Operations & Administration, Office of the Speaker



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

Office Use Only	

Direct Deposit Form

Nova Scotia Pension Services Corporation requires that all pensions be paid through direct deposit which will automatically credit your Canadian bank account with the net amount of your pension payment each month.

Note: All personal information, including banking, is protected by our Corporate Privacy Policy. It is important that you advise us in writing of any change in your banking details. Failure to do so may impact payment of your pension.

Pension payments must be deposited to an account of which you are the account holder, and your name must be clearly identified on your void cheque or direct deposit authorization form from your bank.

Instructions: Please complete the section below and return the completed form with a **void cheque** or **direct deposit authorization form** from your bank to the Nova Scotia Pension Services Corporation.

I hereby authorize the Nova Scotia Pension Services Corporation to use this information to deposit my

monthly pension benefit.	
Name (print)	Date of Birth
	
Mailing Address	Phone Number
Member's Signature	 Date



Member Information Form

Please complete this form upon Plan enrolment and/or to correct or change information.

Section 1 - Plan Member Identification:

- If you are an **active member**, please contact your employer for corrections or updates to personal data, including name, address, phone number and e-mail.
- If you are a **retired member**, please contact the Nova Scotia Pension Services Corporation, 1-800-774-5070 toll free in NS, 902-424-5070 local to ensure you are completing the correct form.

Section 2 – Marital Status and Identification of Spouse and/or Eligible Children – Completion of Marital Status is required

Section 3 - Designation of Beneficiary(ies) - if applicable

Section 4 - Declaration of Plan Member - Sign and date

Return pages 1 and 2 to: Nova Scotia Pension Services Corporation, PO Box 371, Halifax, NS B3J 2P8

Email: info@nspension.ca

*** PLEASE PRINT CLEARLY IN ALL SECTIONS OF THE FORM ***

Section 1 - Plan Member Identification

LAST NAME	GIVEN NAME(S)	DATE OF BIRTH (DD/MM/YYYY)
MEMBER ID (optional)	SOCIAL INSURANCE NUMBER (optional)	PROFESSIONAL # (Teachers' Pension Plan only)

Section 2 – Marital Status and Identification of Spouse and/or Eligible Children

Upon your death, a survivor pension may be payable to your spouse and/or eligible children.

Marital Status: Check ✓ one (required):

\square Single	\square Married	\square Common-law Partner	☐ Domestic Partnership	\square Separated	☐ Widow
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☐ Divorced – Please forward a copy of the court order or divorce decree

☐ Domestic Partner Terminated – Please forward a copy of the Termination of Domestic Partnership Certificate

Identification of Spouse (if applicable) - Important: see definition of spouse for your Plan on page 3

LAST NAME		GIVEN NAME(S)	
SOCIAL INSURANCE NUMBER (optional)	GENDER		DATE OF BIRTH (DD/MM/YYYY)

Identification of Eligible Children (if applicable)

Eligible children are defined as children under 18 years of age or children between 18 and 25 years of age if they are in continuous full-time attendance at a recognized educational institution. **Continuous full-time attendance**, as directed by the Income Tax Act, means there can be no break in attendance each school year and attendance must continue solely on a full-time basis.

LAST NAME	GIVEN NAME(S)	DATE OF BIRTH (DD/MM/YYYY)

Section 3 – Designation of Beneficiary(ies)

A designated beneficiary does not receive a survivor pension upon your death. Designated beneficiaries would receive a lump sum payment of **any remaining death benefit** after a spouse and/or eligible children have received their benefit from the plan.

IMPORTANT NOTES:

- A spouse identified in Section 2 should not be listed as a beneficiary as they are the primary recipient of a survivor pension.
- In order for your eligible children, as identified in Section 2, to receive any remaining death benefit (in the
 event that they are no longer considered eligible children at the time of your death), list them as
 beneficiaries below.
- If you designate more than one beneficiary, death benefits will be divided equally among them unless you indicate otherwise under the "Percent %" column below.

PERSON OR ORGANIZATION LAST NAME GIVEN NAME(S)		RELATIONSHIP or CHARITY REGISTRATION #	DATE OF BIRTH (DD/MM/YYYY)	PERCENT % (should		
LAST IVAIVIE	GIVEN NAIVIE(3)	3	(22,,1111)	total 100)		

Section 4 - Declaration of Plan Member

I certify that the information given on this form is correct and complete. I understand that any death
benefits payable to a spouse and/or eligible children and/or beneficiaries are subject to the terms of
the pension plan that I am a member of.

Signature of Plan Member	Date (DD/MM/YYYY)

Definition of Spouse

A spouse is defined as either of two persons who:

- (i) are married to each other,
- (ii) are married to each other by a marriage that is voidable and has not been annulled by a declaration of nullity,
- (iii) have gone through a form of marriage with each other, in good faith, that is void and are cohabiting or, where they have ceased to cohabit, have cohabited within the twelve-month period immediately preceding the date of entitlement,
- (iv) are domestic partners within the meaning of Section 52 of the Vital Statistics Act,

OR Common-Law as set out in the definition for your plan below:

Nova Scotia Public Service Superannuation Plan

(v) not being married to each other, are cohabiting in a conjugal relationship with each other, which relationship has continued for at least a) three years, if either of them is married, or b) one year, if neither of them is married.

Nova Scotia Teachers' Pension Plan

(v) are neither married to each other nor to another person and have cohabited in a conjugal relationship for three consecutive years immediately preceding the relevant time and are cohabiting in a conjugal relationship at the relevant time.

Members of the Legislative Assembly Pension Plan

(v) neither of them being married and are cohabiting in a conjugal relationship of at least two years with each other.



2024 Nova Scotia **Personal Tax Credits Return**

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name	First name and	initial(s)	Date of birth (YYYY/MM/DD	Employee nur	mber				
Address		Loodo	For non-residents only		0				
Address	Postal code			Country of permanent residence		Social insurance number			
1. Basic personal amount – Every person employed in Nova Scotia and every pensioner residing in Nova Scotia can claim the basic personal amount. If your taxable income from all sources for the year will be \$25,000 or less enter \$11,481, comprising the basic amount of \$8,481 and the additional amount of \$3,000, and if it is more than \$75,000 enter \$8,481. If your taxable income will be between \$25,000 and \$75,000 and you want to calculate a partial claim for the \$3,000 additional amount, get Form TD1NS-WS, Worksheet for the 2024 Nova Scotia Personal Tax Credits Return, and fill in the appropriate section. If you will have more than one employer or payer at the same time in 2024, see "More than one employer or payer at the same time" on page 2.									
2. Age amount – If you will be 65 or older on Decemb \$4,141. You may enter a partial amount if your net incamount, fill out the line 2 section of Form TD1NS-WS.									
2.1 Age amount supplement – If you will be 65 or ole \$25,000 or less, enter \$1,465. You may enter a partia \$75,000. To calculate a partial amount, fill out the line	amount if your t	axable inco	me for the year will be between		e 				
3. Pension income amount – If you will receive regu Pension Plan, Quebec Pension Plan, old age security \$1,173 or your estimated annual pension.									
4. Tuition and education amounts (full-time and pareducational institution certified by Employment and Sotuition fees. Enter your total tuition fees that you will pees \$200 for each month you will be a full-time studer	ocial Developmen ay, plus the amo t	nt Canada, ount from the	and you will pay more than \$1 e following conditions that app	00 per institution					_
\$200 for each month you will be a part-time stude									
\$60 for each month you will be a part-time studen									
5. Disability amount – If you will claim the disability a Tax Credit Certificate, enter \$7,341.									
 6. Spouse or common-law partner amount – Enter \$8,481 if you are supporting your spouse or common-law partner and both of the following conditions apply: Your spouse or common-law partner lives with you Your spouse's or common-law partner's net income for the year will be \$848 or less 									
You may enter a partial amount if your spouse's or co partial amount, fill out the line 6 section of Form TD1N		er's net inco	me will be between \$848 and	\$9,329. To calcu	late a				
6.1. Spouse or common-law partner supplement – spouse or common-law partner if both of the following			n \$3,000 and the estimated no	et income of your					
You are supporting your spouse or common-law page 1.	artner who lives	with you							
 Your taxable income from all sources will be \$25, 	000 or less								
You may enter a partial amount if your taxable income spouse's or common-law partner's net income will be TD1NS-WS.					orm				
 7. Amount for an eligible dependant – Enter \$8,481 apply: You do not have a spouse or common-law partner. 	r, or you have a								
 who you are not supporting or being supported by The dependent is related to you and lives with you 									
The dependent is related to you and lives with you The dependent has a net income of \$848 or less:									
'	•	for the year	will be between \$8.48 and \$0.	320. To calculate					
You may enter a partial amount if the eligible dependant's net income for the year will be between \$848 and \$9,329. To calculate a partial amount, fill out the line 7 section of Form TD1NS-WS.									
7.1. Amount for an eligible dependant supplement eligible dependant if all of the following conditions app		rence betw	een จง,บบบ and the estimated	net income of yo	ur				
You do not have a spouse or common-law partner, or you have a spouse or common-law partner who does not live with you and who you are not supporting or being supported by					and				
The dependent is related to you and lives with you									
Your taxable income from all sources will be \$25,000 or less for the year									
You may enter a partial amount if your taxable income from all sources will be between \$25,000 and \$75,000 and your eligible dependant's net income will be under \$3,000. To calculate a partial amount, fill out the line 7.1 section of Form TD1NS-WS.									

 8. Caregiver amount – Enter \$4,898 if you are taking care of a dependant and all of the following conditions apply: The dependant is your or your spouse's or common-law partner's parent or grandparent (aged 65 or older) or an infirm relative (aged 18 or older) 	
 The dependant lives with you The dependant has a net income of \$13,677 or less for the year 	
You may enter a partial amount if the dependant's net income for the year will be between \$13,677 and \$18,575. To calculate a partial amount, fill out the line 8 section of Form TD1NS-WS.	
9. Amount for infirm dependants age 18 or older – Enter \$2,798 if you are supporting an infirm dependant and all of the following conditions apply:	
The dependant lives in Canada and is related to you or your spouse or common-law partner	
The dependant is 18 years or older	
The dependant has a net income of \$5,683 or less for the year	
You may enter a partial amount if the dependant's net income for the year will be between \$5,683 and \$8,481. To calculate a partial amount, fill out the line 9 section of TD1NS-WS. You cannot claim an amount for a dependant you claimed on line 8.	
10. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of their age amount, pension income amount, tuition and education amounts, or disability amount on their income tax and benefit return, enter the unused amount.	
11. Amounts transferred from a dependant – If your dependant will not use all of their disability amount on their income tax and benefit return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of their tuition and education amounts on their income tax and benefit return, enter the unused amount.	
12. TOTAL CLAIM AMOUNT – Add lines 1 to 11. Your employer or payer will use this amount to determine the amount of your provincial tax deductions.	
Filling and Form TDANC	
Filling out Form TD1NS	
 Fill out this form if you have taxable income in Nova Scotia and any of the following apply: you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or remuneration 	r any other
 you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed) 	
you want to increase the amount of tax deducted at source	
Sign and date it, and give it to your employer or payer.	
If you do not fill out Form TD1NS, your employer or payer will deduct taxes after allowing the basic personal amount only .	
More than one employer or payer at the same time If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on anot for 2024, you cannot claim them again. If your total income from all sources will be more than the personal tax credits you claimed Form TD1NS, check this box, enter "0" on line 12 and do not fill in lines 2 to 11. Total income is less than the total claim amount	
Tick this box if your total income for the year from all employers and payers will be less than your total claim amount on line 12. To or payer will not deduct tax from your earnings.	nen your employer
Additional tax to be deducted if you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD1.	
Reduction in tax deductions	
You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on th periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tu amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Sou authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your RRSP contributions from your salary.	ition and education rce, to get a letter of
Forms and publications	
To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525 .	
Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and act administering tax, benefits, audit, compliance, and collection. The information collected may be disclosed to other federal, provincial, terriforeign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penaltic Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint of Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Information Holdings at canada.ca/cra-information-about-programs.	torial, aboriginal or es, or in other actions.
Certification	
I certify that the information given on this form is correct and complete.	
Signature	
It is a serious offence to make a false return.	

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2024 Personal Tax Credits Return

TD1

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee num	ber
Address	Postal code	For non-residents only		Social insurance number
		Country of permanent residen	ice	
1. Basic personal amount – Every resident of Canad from all sources will be greater than \$173,205 and you return at the end of the tax year. If your income from a partial claim. To do so, fill in the appropriate section of the calculated amount here.	u enter \$15,705, you may hall sources will be greater th	nave an amount owing on your inc nan \$173,205 you have the option	come tax and bea to calculate a	nefit
2. Canada caregiver amount for infirm children und 2007 or later who lives with both parents throughout th parent who has the right to claim the "Amount for an el the child.	he year. If the child does no eligible dependant" on line	ot live with both parents throughou 8 may also claim the Canada care	ut the year, the egiver amount fo	r
Age amount – If you will be 65 or older on Decemb or less, enter \$8,790. You may enter a partial amount calculate a partial amount, fill out the line 3 section of I	if your net income for the y Form TD1-WS.	ear will be between \$44,325 and	\$102,925. To	25
 4. Pension income amount – If you will receive regul. Pension Plan, Quebec Pension Plan, old age security, \$2,000 or your estimated annual pension income. 	, or guaranteed income su	pplement payments), enter which	ever is less:	
5. Tuition (full-time and part-time) – Fill in this section certified by Employment and Social Development Cantotal tuition fees that you will pay if you are a full-time of	nada, and you will pay more			;
6. Disability amount – If you will claim the disability a Tax Credit Certificate, enter \$9,872.	amount on your income tax	and benefit return by using Form	T2201, Disabilit	y
7. Spouse or common-law partner amount – Enter to common-law partner is infirm) and your spouse's oconditions apply:	or common-law partner's es			
You are supporting your spouse or common-law p	•		00.040.16	
Your spouse or common-law partner's net income spouse or common-law partner is infirm)	•		•	
In all cases, go to line 9 if your spouse or common-law	•	<u> </u>		
8. Amount for an eligible dependant – Enter the diffe dependant is infirm) and your eligible dependant's est	timated net income for the	year if all of the following condition	ns apply:	
You do not have a spouse or common-law partne who you are not supporting or being supported by	/	r common-ιαw paπner wno does n	iot live with you a	and
You are supporting the dependant who is related to the second secon	•	4.00		
The dependant's net income for the year will be le you cannot claim the Canada caregiver amount				and
In all cases, go to line 9 if your dependant is 18 years	or older, infirm, and has	a net income for the year of \$28,0	041 or less.	
9. Canada caregiver amount for eligible dependant year, you support an infirm eligible dependant (aged 1 the year will be \$28,041 or less. To calculate the amount	18 or older) or an infirm s	pouse or common-law partner who	ose net income f	
10. Canada caregiver amount for dependant(s) age 18 or older (other than the spouse or common-law pa claimed an amount for if their net income were under \$\foat{Y}ou may enter a partial amount if their net income for out the line 10 section of Form TD1-WS. This workshe with another caregiver who supports the same depend or older.	artner or eligible dependan \$18,321) whose net incom the year will be between \$ eet may also be used to ca	t you claimed an amount for on lin e for the year will be \$19,666 or le 19,666 and \$28,041. To calculate Iculate your part of the amount if y	e 9 or could havess, enter \$8,375 a partial amoun ou are sharing i	e 5. t, fill t
11. Amounts transferred from your spouse or com their age amount, pension income amount, tuition amounused amount.				
12. Amounts transferred from a dependant – If your benefit return, enter the unused amount. If your or you all of their tuition amount on their income tax and bene	ur spouse's or common-law	partner's dependent child or grar		
13. TOTAL CLAIM AMOUNT – Add lines 1 to 12. Your employer or payer will use this amount to determ	nine the amount of your tax	deductions.		



Pro	otected B when complete		
Filling out Form TD1			
Fill out this form only if any of the following apply:			
 you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefit or any other remuneration 	s,		
 you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed) you want to claim the deduction for living in a prescribed zone you want to increase the amount of tax deducted at source Sign and date it, and give it to your employer or payer. 			
More than one employer or payer at the same time			
If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on an you cannot claim them again. If your total income from all sources will be more than the personal tax credits you claimed on an this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.			
Total income is less than the total claim amount			
Tick this box if your total income for the year from all employers and payers will be less than your total claim amount on line 13 will not deduct tax from your earnings.	. Your employer or payer		
For non-resident only (Tick the box that applies to you.)			
As a non-resident, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2024 Yes (Fill out the previous page.)	1?		
No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)			
all the international tax and non-resident enquiries line at 1-800-959-8281 if you are unsure of your residency status.			
Provincial or territorial personal tax credits return			
You also have to fill out a provincial or territorial TD1 form if your claim amount on line 13 is more than \$15,705. Use the Form TD1 for your province or territory of employment if you are an employee. Use the Form TD1 for your province or territory of residence if you are a pensioner. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.			
Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if yo personal amount only .	u are claiming the basic		
Note: You may be able to claim the child amount on Form TD1SK, 2024 Saskatchewan Personal Tax Credits Return if you are supporting children under 18 at any time during 2024. Therefore, you may want to fill out Form TD1SK even if you are only clai amount on this form.			
Deduction for living in a prescribed zone			
You may claim any of the following amounts if you live in the Northwest Territories, Nunavut, Yukon, or another prescribed northern months in a row beginning or ending in 2024: • \$11.00 for each day that you live in the prescribed northern zone	n zone for more than six		
 \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction 	\$		
Employees living in a prescribed intermediate zone may claim 50% of the total of the above amounts. For more information, go to canada.ca/taxes-northern-residents .			
Additional tax to be deducted			
You may want to have more tax deducted from each payment if you receive other income such as non-employment income from			
CPP or QPP benefits, or old age security pension. You may have less tax to pay when you file your income tax and benefit return by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new Form TD1 to change this deduction later.	\$		
Reduction in tax deductions	<u>L'</u>		
You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed or periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if y RRSP contributions from your salary.	d tuition and education Source, to get a letter of		
Forms and publications			
To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.			

Personal information (including the SIN) is collected and used to administer or enforce the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be-disclosed to other federal, provincial, territorial, aboriginal or foreign government institutions to the extent authorized by law. Failure to provide this information may result in paying interest or penalties, or in other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Information about Programs and Information Holdings-at canada.ca/cra-information-about-programs.

Certification	
I certify that the information given on this form is correct and complete.	
Signature	Date
It is a serious offence to make a false return.	

TD1 E (24) Page 2 of 2



MLA External Resources

- Canada Pension Plan www.canada.ca/en/services/benefits/publicpensions/cpp.html
- Old Age Security www.canada.ca/en/services/benefits/publicpensions/cpp/old-age-security.html
- Canada Revenue Agency <u>www.cra-arc.qc.ca/rpd</u>
- Statistics Canada <u>www.statcan.gc.ca/eng/start</u>
- Bank of Canada www.bankofcanada.ca
- Nova Scotia Government <u>www.novascotia.ca</u>
- Nova Scotia Pharmacare www.novascotia.ca/dhw/pharmacare
- Medavie Blue Cross <u>www.medavie.bluecross.ca</u>
- Health Plan/Life Insurance Contact Information for Pensioners: 1-902-424-7685 or 1-902-424-3240 (Press Option 1, then 4 to leave a message) Email: Benefits@novascotia.ca

Our contact information:

Purdy's Wharf, Tower 2, Suite 700, 1969 Upper Water St., Halifax, NS B3J 3R7 Mailing Address: PO Box 371, Halifax NS B3J 2P8



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



info@nspension.ca



