



NS Pension Services Corporation
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Office Use Only

TAX ADJUSTMENT FORM

Pensioner Identification – PLEASE PRINT

LAST NAME:		GIVEN NAME(S):	
DATE OF BIRTH (DD/MM/YYYY):		PHONE #:	
MAILING ADDRESS Line 1:			
MAILING ADDRESS Line 2:			
CITY/TOWN:		PROVINCE:	POSTAL CODE:

I want to (please check ✓ one):

- increase my additional taxes* by \$ _____ per month **or**
whole dollar amount only**
- reduce my additional taxes* by \$ _____ per month **or**
whole dollar amount only**
- cancel my additional taxes*

*Additional taxes are taxes that are in addition to the mandatory statutory taxes that are required by Canada Revenue Agency.

Any additional tax amount **not requested in whole dollar amounts will be rounded to the nearest dollar.

SIGNATURE OF PENSIONER

DATE