



**NS Pension Services Corporation**  
1-800-774-5070 toll-free  
(902) 424-5070 local  
(902) 424-0662 fax  
e-mail: info@nspension.ca  
www.novascotiapension.ca

## CHECKLIST

### MEMBERS OF THE LEGISLATIVE ASSEMBLY PENSION PLAN RETIREMENT BENEFIT APPLICATION

**YOU MUST NOTIFY** the Director of Operations & Administration for the Office of the Speaker of your intent to retire.

#### SEND THE FOLLOWING DOCUMENTS:

#### TO:

**Application for Retirement Benefit**

- ✓ Complete, sign and date

**Nova Scotia Pension Services Corporation**

PO Box 371, Halifax NS B3J 2P8

**Deposit Form**

- ✓ Complete, sign and date

**Member Information Form**

- ✓ Complete, sign and date

**Income Tax Forms\* (TD1 Federal and Provincial)**

- ✓ Complete both forms, sign and date

*\*Your pension plan is considered a new Payor; these forms must be completed. For the maximum income tax deduction, choose only the Basic personal amount on each form.*

**Proof of Birth**

- ✓ Photocopy of proof of birth (e.g. birth certificate, passport, driver's license)

#### **Spouse Information (if applicable)**

**Married**

- ✓ Photocopy of your marriage certificate
- ✓ Photocopy of their Birth Certificate, Passport, or Driver's License

**Common-Law**

- ✓ Completed Statutory declaration of common-law relationship (include supporting documents)
- ✓ Photocopy of their Birth Certificate, Passport, or Driver's License

**Domestic Partner**

- ✓ Photocopy of Domestic Partnership Certificate
- ✓ Photocopy of their Birth Certificate, Passport, or Driver's License

**NOTE:** If you are separated but not yet divorced, you are still considered legally married, and you **MUST** provide the information required above.



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Office Use Only

# MEMBERS OF THE LEGISLATIVE ASSEMBLY PENSION PLAN

## APPLICATION FOR RETIREMENT BENEFIT

### Identification of Plan Member (PLEASE PRINT)

LAST NAME: \_\_\_\_\_

GIVEN NAME(S): \_\_\_\_\_

SOCIAL INSURANCE NUMBER: \_\_\_\_\_

DATE OF BIRTH (DD/MM/YYYY): \_\_\_\_\_

MAILING ADDRESS Line 1: \_\_\_\_\_

MAILING ADDRESS Line 2: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF RETIREMENT (DD/MM/YYYY): \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PLAN MEMBER

\_\_\_\_\_  
DATE



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## 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



Office Use Only

# 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):

- Single   
 Married   
 Common-law Partner   
 Domestic Partnership   
 Separated   
 Widow  
 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		RELATIONSHIP or CHARITY REGISTRATION #	DATE OF BIRTH (DD/MM/YYYY)	PERCENT % (should total 100)
LAST NAME	GIVEN NAME(S)			

**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.

**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 number
Address	Postal code	<b>For non-residents only</b> 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.

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**2. Age amount** – If you will be 65 or older on December 31, 2024, and your net income from **all** sources will be \$30,828 or less, enter \$4,141. You may enter a partial amount if your net income for the year will be between \$30,828 and \$58,435. To calculate a partial amount, fill out the line 2 section of Form TD1NS-WS.

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**2.1 Age amount supplement** – If you will be 65 or older on December 31, 2024, and your taxable income from **all** sources will be \$25,000 or less, enter \$1,465. You may enter a partial amount if your taxable income for the year will be between \$25,000 and \$75,000. To calculate a partial amount, fill out the line 2.1 section of Form TD1NS-WS.

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**3. Pension income amount** – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter **whichever is less**: \$1,173 or your estimated annual pension.

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**4. Tuition and education amounts (full-time and part-time)** – Fill out this section if you are a student at a university, college, or educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees. Enter your total tuition fees that you will pay, **plus** the amount from the following conditions that apply:

- \$200 for each month you will be a full-time student
- \$200 for each month you will be a part-time student who has a mental or physical disability
- \$60 for each month you will be a part-time student who does not have a mental or physical disability

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**5. Disability amount** – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$7,341.

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**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 common-law partner's net income will be between \$848 and \$9,329. To calculate a partial amount, fill out the line 6 section of Form TD1NS-WS.

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**6.1. Spouse or common-law partner supplement** – Enter the difference between \$3,000 and the estimated net income of your spouse or common-law partner if **both** of the following conditions apply:

- You are supporting your spouse or common-law partner 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 from **all** sources will be between \$25,000 and \$75,000 and your spouse's or common-law partner's net income will be under \$3,000. To calculate a partial amount, fill out the line 6.1 section of Form TD1NS-WS.

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**7. Amount for an eligible dependant** – Enter \$8,481 if you are supporting an eligible dependant and **all** of the following conditions apply:

- 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
- The dependant is related to you and lives with you
- The dependant has a net income of \$848 or less for the year

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.

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**7.1. Amount for an eligible dependant supplement** – Enter the difference between \$3,000 and the estimated net income of your eligible dependant if **all** of the following conditions apply:

- 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
- The dependant 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 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 any other remuneration
- 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 another Form TD1NS for 2024, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another 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. Then your employer or payer will not deduct tax from your earnings.

**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 this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of 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 employer deducts RRSP contributions from your salary.

**Forms and publications**

To get our forms and publications, go to [canada.ca/cra-forms-publications](https://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](https://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.





# 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 number
Address		Postal code	For non-residents only Country of permanent residence	Social insurance number

**1. Basic personal amount** – Every resident of Canada can enter a basic personal amount of \$15,705. However, if your net income from all sources will be greater than \$173,205 and you enter \$15,705, you may have an amount owing on your income tax and benefit return at the end of the tax year. If your income from all sources will be greater than \$173,205 you have the option to calculate a partial claim. To do so, fill in the appropriate section of Form TD1-WS, Worksheet for the 2024 Personal Tax Credits Return, and enter the calculated amount here.

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**2. Canada caregiver amount for infirm children under age 18** – Only one parent may claim \$2,616 for each infirm child born in 2007 or later who lives with both parents throughout the year. If the child does not live with both parents throughout the year, the parent who has the right to claim the "Amount for an eligible dependant" on line 8 may also claim the Canada caregiver amount for the child.

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**3. Age amount** – If you will be 65 or older on December 31, 2024, and your net income for the year from all sources will be \$44,325 or less, enter \$8,790. You may enter a partial amount if your net income for the year will be between \$44,325 and \$102,925. To calculate a partial amount, fill out the line 3 section of Form TD1-WS.

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**4. Pension income amount** – If you will receive regular pension payments from a pension plan or fund (not including Canada Pension Plan, Quebec Pension Plan, old age security, or guaranteed income supplement payments), enter **whichever is less**: \$2,000 or your estimated annual pension income.

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**5. Tuition (full-time and part-time)** – Fill in this section if you are a student at a university or college, or an educational institution certified by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees. Enter the total tuition fees that you will pay if you are a full-time or part-time student.

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**6. Disability amount** – If you will claim the disability amount on your income tax and benefit return by using Form T2201, Disability Tax Credit Certificate, enter \$9,872.

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**7. Spouse or common-law partner amount** – Enter the difference between the amount on line 1 (line 1 plus \$2,616 if your spouse or common-law partner is **infirm**) and your spouse's or common-law partner's estimated net income for the year if **two** of the following conditions apply:

- You are supporting your spouse or common-law partner who lives with you
- Your spouse or common-law partner's net income for the year will be less than the amount on line 1 (line 1 plus \$2,616 if your spouse or common-law partner is **infirm**)

In all cases, go to line 9 if your spouse or common-law partner is **infirm** and has a net income for the year of \$28,041 or less.

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**8. Amount for an eligible dependant** – Enter the difference between the amount on line 1 (line 1 plus \$2,616 if your eligible dependant is **infirm**) and your eligible dependant's estimated net income for the year if **all** of the following conditions apply:

- 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
- You are supporting the dependant who is related to you and lives with you
- The dependant's net income for the year will be less than the amount on line 1 (line 1 plus \$2,616 if your dependant is **infirm** and you **cannot** claim the **Canada caregiver amount for infirm children under 18 years of age** for this dependant)

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 \$28,041 or less.

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**9. Canada caregiver amount for eligible dependant or spouse or common-law partner** – Fill out this section if, at any time in the year, you support an **infirm** eligible dependant (aged 18 or older) or an **infirm** spouse or common-law partner whose net income for the year will be \$28,041 or less. To calculate the amount you may enter here, fill out the line 9 section of Form TD1-WS.

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**10. Canada caregiver amount for dependant(s) age 18 or older** – If, at any time in the year, you support an **infirm** dependant age 18 or older (**other than** the spouse or common-law partner or eligible dependant you claimed an amount for on line 9 or could have claimed an amount for if their net income were under \$18,321) whose net income for the year will be \$19,666 or less, enter \$8,375. You may enter a partial amount if their net income for the year will be between \$19,666 and \$28,041. To calculate a partial amount, fill out the line 10 section of Form TD1-WS. This worksheet may also be used to calculate your part of the amount if you are sharing it with another caregiver who supports the same dependant. You may claim this amount for more than one infirm dependant age 18 or older.

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**11. 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 amount, or disability amount on their income tax and benefit return, enter the unused amount.

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**12. 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 amount on their income tax and benefit return, enter the unused amount.

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**13. TOTAL CLAIM AMOUNT** – Add lines 1 to 12.  
Your employer or payer will use this amount to determine the amount of your tax deductions.

**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 benefits, or any other remuneration
- 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 another Form TD1 for 2024, you **cannot** claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1, check 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. Your employer or payer will not deduct tax from your earnings.

**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.)

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.)

Call 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 you are claiming the basic personal amount **only**.

**Note:** You may be able to claim the child amount on Form TD1SK, 2024 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2024. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal 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** zone for more than six months in a row beginning or ending in 2024:

- \$11.00 for each day that you live in the prescribed northern zone
- \$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](http://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**

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 this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of 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 employer deducts RRSP contributions from your salary.

**Forms and publications**

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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](http://canada.ca/cra-information-about-programs).

**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.**

Date \_\_\_\_\_




## MLA External Resources

- Canada Pension Plan  
[www.canada.ca/en/services/benefits/publicpensions/cpp.html](http://www.canada.ca/en/services/benefits/publicpensions/cpp.html)
- Old Age Security  
[www.canada.ca/en/services/benefits/publicpensions/cpp/old-age-security.html](http://www.canada.ca/en/services/benefits/publicpensions/cpp/old-age-security.html)
- Canada Revenue Agency [www.cra-arc.gc.ca/rpd](http://www.cra-arc.gc.ca/rpd)
- Statistics Canada [www.statcan.gc.ca/eng/start](http://www.statcan.gc.ca/eng/start)
- Bank of Canada [www.bankofcanada.ca](http://www.bankofcanada.ca)
- Nova Scotia Government [www.novascotia.ca](http://www.novascotia.ca)
- Nova Scotia Pharmacare [www.novascotia.ca/dhw/pharmacare](http://www.novascotia.ca/dhw/pharmacare)
- Medavie Blue Cross [www.medavie.bluecross.ca](http://www.medavie.bluecross.ca)
- 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](mailto: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)  
902-424-5070 (local)

 [info@nspension.ca](mailto:info@nspension.ca)

 [mlapp.novascotiapension.ca](http://mlapp.novascotiapension.ca) | [www.novascotiapension.ca](http://www.novascotiapension.ca)

**pension**