



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

Public Authority Service - Purchase Questionnaire

Introduction:

- The Nova Scotia Pension Services Corporation must receive the following information for all requests to purchase prior service with a Public Authority.
- If you are in receipt of a pension benefit from your former employer, you are not eligible to purchase the service.
- To purchase more than one service period with the same employer, please copy the form as required. To buy service with more than one employer, send a form to each employer (plan administrator).
- The cost to purchase service will be calculated as at the date the completed questionnaire is received by Nova Scotia Pension Services Corporation.
- FINAL CALCULATIONS ARE SUBJECT TO APPROVAL BY CANADA REVENUE AGENCY.

Instructions:

- 1. Complete the member information with your signed authorization for information to be released.
- 2. Send the form to your former employer (or plan administrator) for completion.
- 3. Former employer (or plan administrator) to return the form to the Nova Scotia Pension Services Corporation.

Member Information – to be completed by member					
Social Insurance Number:	Last Name:	First Name:			
Address:					
Town/City:	Province:	Postal Code:			

I hereby authorize for release to the Nova Scotia Pension Services Corporation, any information requested by this form regarding the time, duration, and pensionable status of my former employment with your organization. I also authorize the release of information held by the pension plan administrator.

Date

Telephone Number

Previous Employment Information – to be completed by former employer (or plan administrator)

Employer Name

Date pensionable service began

Date pensionable service ended

Employment Status during Service Period

Continuous Full-Time Continuous Part-Time Please note: All service must be a minimum of four consecutive months.

Pension Plan Information

Is the employee still entitled to benefits from the plan? Yes

No – Indicate the type and amount of benefit paid, for example the amount of member contributions and interest; commuted value; excess contributions, and the period of service the benefit applied to.

Type of Benefit (Please indicate Cash or RRSP)	Amount Paid	Period of Service (Dates)	
		<u>Pre 1990</u>	<u>Post 1989</u>
	\$		
	\$		
	\$		

Was there a division of pension benefit?

Yes No If Yes, please provide details.

Do you permit a member to remove funds from the plan if the pension benefit is deferred?

Yes No If No, the member is not eligible to purchase the prior service.

Service after December 31, 1989

Please complete the information for each year after December 31, 1989 the employee worked with you.

Year	Start Date	End Date	Pensionable Service	Pensionable Earnings	PA Reported	PSPA Reported

FORM.0047

Certification

The information provided in this questionnaire is certified to be correct.

Authorized Signing Officer (print)	Title
Authorized Signing Officer (sign)	Telephone Number
Date	Contact Email Address