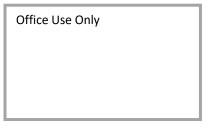


NS Pension Services Corporation

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:	
•	oensionable status of my former em	poration, any information requested by this form ployment with your organization. I also authorize	
Signature of Employee	Date	Telephone Number	
Previous Employment Inform	ation – to be completed by for	rmer employer (or plan administrator)	
Employer Name			
Date pensionable service began	 Date pensionable se	ervice 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>	Post 1989		
	\$				
	\$				
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

Certification				
The information provided in this question	naire is certified to be correct.			
Authorized Signing Officer (print)	Title			
Authorized Signing Officer (sign)	Telephone Number			
Date	Contact Email Address			