



**NS Pension Services Corporation**  
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Office Use Only

## 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.

Signature of Employee \_\_\_\_\_ 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 \_\_\_\_\_



## 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