

Pursuant to Section 38B of the *Income Tax Act*,
R.S.N.S. 1989, c. 217

This consent statement is required for all fertility and surrogacy applicants who are claiming fertility and surrogacy related medical expenses incurred by a donor and/or surrogate. Failure to submit this statement will result in the expenses claimed for the donor and/or surrogate being ineligible for the purposes of the tax credit.

I, _____ (Print Full Legal Name) am a donor / surrogate for
_____ (Fertility and Surrogacy Tax Credit applicant) and I

hereby certify and confirm the following:

1. I understand the applicant named above is using my personal information on their application for a Fertility and Surrogacy Tax Credit.
2. I will not apply for a Fertility and Surrogacy Tax Credit for the same expenses claimed by the applicant.
3. The medical expenses related to fertility and/or surrogacy which I incurred, and the applicant claimed on their application for a Fertility and Surrogacy Tax Credit is not eligible for medical expense reimbursement by a third party.

I consent to the applicant using my personal information on their application form to apply for a Fertility and Surrogacy Tax Credit and I understand this information will be disclosed to and used by the Nova Scotia Department of Finance and Treasury Board for the purposes of administering the tax credit.

Signature of Donor/Surrogate (named above)

Social Insurance Number
(REQUIRED)

Date

Warning: The Income Tax Act allows for penalties to be applied if any person provides information which they know is false or misleading, or if material facts are omitted.