



Authorization to Release Pension Information

This form is to be completed and signed by a Benefits Plan member who is requesting that the Board of Pensions release his/her pension information to a third party, as identified below. This authorization is valid only for the single purpose described here and cannot be applied beyond the criteria outlined in this document.

Member information		
Name (first, middle, last)	Last 4 digits of SSN	
Address		
City	State	ZIP
Home phone	Email (optional)	

Recipient of pension information		
I request that The Board of Pensions of the Presbyterian Church (U.S.A.) release the specific information regarding my pension (outlined below) to: (Check whichever box applies and supply name and address.)		
<input type="checkbox"/> Spouse		
Name (first, middle, last)		
Address		
City	State	ZIP
<input type="checkbox"/> Organization		
Name (first, middle, last)		C/O
Address		
City	State	ZIP
<input type="checkbox"/> Other		
Name (first, middle, last)		
Address		
City	State	ZIP

Specific pension information to be released (Check whichever applies.)	
<input type="checkbox"/> Current monthly amount of pension	<input type="checkbox"/> Accrued pension credits (as of this date:) _____ (Supply date.)
<input type="checkbox"/> Other (Explain.)	

Purpose of authorization (Describe reason for authorization.)	
Member's signature (required)	Date (mm/dd/yyyy)

For internal use only

Complete and email this form to the Board of Pensions at memberservices@pensions.org.
Questions? Call the Board at 800-773-7752 (800-PRESPLAN)