



To initiate payment of your share of the member's retirement pension as an alternate payee, please print, complete, and mail, fax, or email this form to the Board of Pensions.

Alternative Payee Information

Name *(first, middle, last)* _____ SSN _____

Home address _____

City _____ State _____ ZIP _____

Select one number as preferred

Daytime Phone () Home Phone () Cell Phone ()

Birth date *(mm/dd/yyyy)* _____ Primary email _____

Plan member's name _____ Last 4 digits of SSN _____

As the former spouse named as the Alternate Payee in a court order accepted by the Board of Pensions, I apply for my share of the retirement pension that I am entitled to as the Alternate Payee of _____, who is a member of the Benefits Plan of the Presbyterian Church (U.S.A.). I would like my benefits to begin effective _____ (date).

Note: All retirement benefits begin on the first day of the month.

Direct Deposit *(Required)*

Name of financial institution _____

Routing number (9-digit number) _____

Alternative payee's bank account number _____ Checking Saving

Authorization

I understand that my share of the retirement benefit will terminate when the Plan member dies. If the Domestic Relations Order stipulates that I am to receive a share of the survivor's pension, the Board of Pensions will initiate my survivor's share after receiving a copy of the Plan member's death certificate.

On behalf of myself, my legal representative, and my executor or administrator, I authorize the electronic deposit of my benefit payment to the account listed above. I agree to repay the Board of Pensions any benefit amount erroneously credited to my account, and I authorize the Board of Pensions to offset from any death benefit payable to my estate, survivors, designated beneficiaries, or heirs at law any amount erroneously credited to my account under this authorization. This agreement shall survive the termination of the direct deposit authorization.

This authorization shall remain in effect until the Board of Pensions receives written notification from me of its termination in such time and in such a manner as to afford the Board of Pensions and the financial institution named above a reasonable opportunity to act on it.

Signature *(required)* _____ Date *(mm/dd/yyyy)* _____