

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.

A Member information *(Please print.)*

Name *(first, middle, last)* _____ SSN _____
Address _____
City _____ State _____ ZIP _____
Home phone (_____) _____ Email _____

B Recipient of pension information *(Please print.)*

I request that the Board of Pensions of the Presbyterian Church (U.S.A.) release the specific information regarding my pension, which is described in Part C of this form, to: *(Check whichever box applies and supply name and address.)*

Covered Partner

Name *(first, middle, last)* _____
Address _____
City _____ State _____ ZIP _____

Organization

Name *(first, middle, last)* _____ c/o _____
Address _____
City _____ State _____ ZIP _____

Other

Name _____
Address _____
City _____ State _____ ZIP _____

C Specific pension information to be released *(Please check whichever applies.)*

Current monthly amount of pension Accrued pension credits (as of this date: _____) *(Please supply date.)*
 Other *(Please explain.)* _____

D Purpose of authorization *(Please describe reason for authorization.)*

Member's Signature *(required)* _____ Date *(mm/dd/yyyy)* _____

Mail or fax this completed form to:

The Board of Pensions of the Presbyterian Church (U.S.A.)
2000 Market Street, Philadelphia, PA 19103-3298
800-773-7752 (800-PRESPLAN) Fax: 215-587-6215 pensions.org