

Please print, complete, and mail, fax, or email this form to the Board of Pensions.

To initiate education benefits that may be due to you under the Benefits Plan of the Presbyterian Church (U.S.A.), complete and submit this form along with verification of your current and past enrollment history from your school registrar's office.

Personal information

Name of deceased plan member _____ Last 4 digits of SSN _____

Name of student applicant _____ Last 4 digits of SSN _____

Date of birth *(mm/dd/yyyy)* _____

Address _____

City _____ State _____ ZIP _____

Phone () _____ Email _____

Educational information

Date of initial post-secondary entrance _____

Please list the months and years — by semesters, quarters, or terms — that you have already been a student in an institution of higher learning, beyond high school.

Month/Year through Month/Year _____

_____ through FT PT

_____ through FT PT

_____ through FT PT

_____ through FT PT

Name of institution _____

Account information for direct deposit

Name of financial institution _____

Routing number *(9-digit number)* _____

Your bank account number _____ Account type: Checking Savings



In keeping with the terms of the Benefits Plan, please notify the Board of Pensions if you

- cease full-time attendance;
- change your permanent or payment address;
- change bank information.

Authorization

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 a time and manner as to afford the Board of Pensions and the financial institution named above a reasonable opportunity to act on it.

Signature _____

Date (mm/dd/yyyy) _____