



Personal information		
Name		Last 4 digits of SSN
Mailing address		Date of birth
City	State	ZIP
Daytime phone	Email	
Marital status (check one) <input type="checkbox"/> Single <input type="checkbox"/> Married (If checked, please fill out section below) <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Name of spouse		Spouse date of birth
Date of marriage		

## Financial information

Monthly income	Applicant	Spouse
Enter the monthly amount even if you receive income on a quarterly, semi-annual, or annual basis (e.g., interest, dividends, annuities, etc.)		
Pension (from the Board of Pensions)	\$	\$
Social Security		
Other pensions/annuities		
Interest from all savings		
Dividends and earnings on all investments		
Other income (e.g., royalties, rental property income, etc.)		
Salary (If currently employed)		
Housing allowance (If currently employed)		
Utility allowance (If currently employed)		
Tax-deferred compensation (If currently employed)		
<b>Total monthly income</b>	<b>\$</b>	<b>\$</b>

**Due to current circumstances, DO NOT mail this form to the Board of Pensions.**  
To avoid delays in processing, email your completed form to [memberservices@pensions.org](mailto:memberservices@pensions.org). If you need assistance emailing this form, please contact the Board at 800-773-7752 (800-PRESPLAN).



## Financial information (continued)

Assets	Applicant	Spouse
Cash/checking account	\$	\$
Money market/CDs		
Savings account/passbook		
Stocks/bonds/mutual funds/IRAs		
Retirement savings plan (e.g. 401k, 403b)		
Value of primary residence		
Value of other real estate		
Other assets (e.g., jewelry, art, collectibles, etc.)		
<b>Total assets</b>	<b>\$</b>	<b>\$</b>

## Housing expenses

Monthly expenses	Amount
Monthly cost: <input type="checkbox"/> Mortgage <input type="checkbox"/> Rent (check one)	\$
Utilities (gas, electric, water - NOT telephone)	\$
Property taxes	\$
Insurance (on property)	\$
Service fees for property maintenance (e.g., association fees, lawn services, snow shoveling)	\$

## Retirement community

Complete the following section if you currently reside in a retirement community or are planning to enter a community within the next three months.

Name of retirement community		
Select the type of living arrangement you require: <input type="checkbox"/> Independent <input type="checkbox"/> Assisted		
Entrance fee	Monthly cost	Number of daily meals included in monthly cost
Date entered/desiring to enter community (mm/dd/yyyy)		Date payments need to begin (mm/dd/yyyy)

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## Required documentation

Please submit the following information with your application.

A copy of your most recent

- bank statement
- IRS 1040 for applicant and spouse, if applicable (*If you do not file a return because your income is below the IRS minimum, you may attach a wage statement.*)
- investment statement (*for stocks, bonds, mutual funds, IRAs, retirement funds*)

## Authorization

If signing as Power of Attorney, please include supporting documentation with this application. If you have previously submitted your Power of Attorney documentation to the Board, you do not need to resubmit.

On behalf of myself, my legal representative, and my executor or administrator, I agree to abide by the terms and guidelines of the Program, and I certify that the information contained in this application is true and correct.

Member or Power of Attorney signature

Date (mm/dd/yyyy)

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