



Applicant information		
Name		Last 4 digits of SSN
Address		Date of birth
City	State	ZIP
Phone	Email	
Amount requested		

Employer information		
If you serve more than one organization, attach a separate sheet for additional information.		
Name		
Address		
City	State	ZIP
Phone	Email	

Employer authorization	
Has your employer approved your leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer authorized signature	Date (mm/dd/yyyy)
Name	Phone

Presbytery information	
Name	
Contact person	
Position	
Phone	Email
Presbytery authorization	
Presbytery authorized signature	Date (mm/dd/yyyy)

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



Program

Please select one of the preapproved programs below. If you are participating in a program not on this list, please see below.

Preapproved programs:

- Center for Pastoral Excellence - Clergy Renewal Programs
- Horizon Hope Counseling
- LeaderWise
- MoSeGol
- Pilgrim House
- The Clergy Program - Davidson Centre for the Professions
- The Kineo Center

Attach itemized budget showing total estimated program costs, including transportation. Your application may be delayed if the required documentation is not provided.

Non-preapproved programs:

If you are participating in a program that is not on the preapproved list, please provide a description of the program you wish to pursue, a website (if applicable), and a description of how this program will help you address your spiritual, mental, vocational, and physical wellness.

Attach itemized budget showing total estimated program costs, including transportation. Your application may be delayed if the required documentation is not provided.

Mutual benefit

Describe how this time will benefit you and your congregation.

Applicant authorization

I certify that the information contained in this application is true and correct.

Applicant signature

Date (mm/dd/yyyy)

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THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)

Authorization for Direct Deposit

Complete the Authorization for Direct Deposit form to authorize the electronic deposit of your benefit payment. This form must be received by the Board of Pensions no later than the 10th of the month to be effective the first of the following month.

Your personal information	
Name (<i>first, middle, last</i>)	Last 4 digits of SSN

Account information
Name of financial institution
Routing number (<i>9 digits</i>)
Your bank account number
Account type: <input type="checkbox"/> Checking account <input type="checkbox"/> Savings account

Authorization	
<p>On behalf of myself, my legal representative, and my executor or administrator, I authorize the electronic deposit of my benefit and/or Assistance Program grant 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 my account and/or 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.</p> <p>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.</p>	
Authorized signature (<i>required</i>)	Date (<i>mm/dd/yyyy</i>)
If this form is being completed by a legal representative, include the supporting documents, if not previously submitted.	

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