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



Clergy Wellness Support Application

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
- \Box 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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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 (first, middle, last)	Last 4 digits of SSN
Account information	
Name of financial institution	
Routing number (9 digits)	
Your bank account number	
Account type:	
□ Checking account	
□ Savings account	
Authorization	
On behalf of myself, my legal representative, and my executor or administrator, I authorize the e Assistance Program grant payment to the account listed above. I agree to repay the Board of Per credited to my account, and I authorize the Board of Pensions to offset from my account and/or survivors, designated beneficiaries, or heirs at law any amount erroneously credited to my accou	nsions any benefit amount erroneously any death benefit payable to my estate,

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.

Authorized signature (required)	Date (mm/dd/yyyy)
Authorized signature (required)	Date (mm/dd/yyyy)

If this form is being completed by a legal representative, include the supporting documents, if not previously submitted.