

Authorization to Release Pension Information



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

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.

Member information (Print legibly.)

Name (first, middle, last) _____ Last 4 digits of SSN _____

Address _____

City _____ State _____ ZIP _____

Home phone () _____ Email (Optional) _____

Recipient of pension information (Print legibly.)

I request that The Board of Pensions of the Presbyterian Church (U.S.A.) release the specific information regarding my pension (outlined below) to: (Check whichever box applies and supply name and address.)

Spouse

Name (first, middle, last) _____

Address _____

City _____ State _____ ZIP _____

Organization

Name _____ C/O _____

Address _____

City _____ State _____ ZIP _____

Other

Name _____

Address _____

City _____ State _____ ZIP _____



Specific pension information to be released *(Check whichever applies.)*

Current monthly amount of pension

Accrued pension credits (as of this date: _____) *(Supply date.)*

Other *(Explain.)*

Purpose of authorization *(Describe reason for authorization.)*

Member's signature *(required)*

Date *(mm/dd/yyyy)*

For Internal Use Only
