



Retirement Pension Application — Former Spouse

To initiate payment of your share of the member's retirement pension as an alternate payee, please print, complete, and mail, fax, or email this form to the Board of Pensions.

Alternate payee information			
Name (first, middle, last)		SSN	
Home address			
City		State	ZIP
Phone	Email		
Birth date (mm/dd/yyyy)			
Plan member's name		Last 4 digits of SSN	
As the former spouse named as the Alternate Payee in a court order accepted by the Board of Pensions, I apply for my share of the retirement pension that I am entitled to as the Alternate Payee of _____, who is a member of the Benefits Plan of the Presbyterian Church (U.S.A.). I would like my benefits to begin effective _____ (date).			
Note: All retirement benefits begin on the first day of the month.			

Direct deposit (required)	
Name of financial institution	
Routing number (9-digit number)	
Alternate payee's bank account number	<input type="checkbox"/> Checking <input type="checkbox"/> Saving

Authorization	
<p>I understand that my share of the retirement benefit will terminate when the Plan member dies. If the Domestic Relations Order stipulates that I am to receive a share of the survivor's pension, the Board of Pensions will initiate my survivor's share after receiving a copy of the Plan member's death certificate.</p> <p>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.</p> <p>This authorization shall remain in effect until the Board of Pensions receives written notification from me of its termination in such time and in such a manner as to afford the Board of Pensions and the financial institution named above a reasonable opportunity to act on it.</p>	
Signature (required)	Date (mm/dd/yyyy)

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. If you need assistance emailing this form, please contact the Board at 800-773-7752 (800-PRESPLAN).