



Applicant information <i>(plan member)</i>		
Name		Last 4 digits of SSN
Address		Date of birth
City	State	ZIP
Phone	Email	
Marital status <i>(check one)</i> <input type="checkbox"/> Single <input type="checkbox"/> Married		

Demographic information <i>(your response to this section is optional)</i>	
By sharing the information below, you'll help us determine who is accessing the benefits, assistance, and education the Board of Pensions provides to members of the Benefits Plan of the Presbyterian Church (U.S.A.). Visit <a href="http://pensions.org">pensions.org</a> to learn more about how we ensure your privacy.	
Ethnicity <i>(check one)</i> <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Not Hispanic or Latinx <input type="checkbox"/> Prefer not to answer	
Race <i>(check one)</i> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Two or more races <input type="checkbox"/> Prefer not to answer	
Gender identity <i>(check one)</i> <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Nonbinary <input type="checkbox"/> Self-described _____ <input type="checkbox"/> Prefer not to answer	

Employer information <i>(disregard if you are a retiree or surviving spouse receiving a pension from the Board of Pensions)</i>		
Name	Phone	PIN <i>(if known)</i>
City	State	ZIP

Dependent child information	
Name	Date of birth <i>(mm/dd/yyyy)</i>
Post-high school educational institution	
Is this a college or university affiliated with the Presbyterian Church (U.S.A.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Required documents <i>(Applications will not be processed without the following information attached.)</i>
<ol style="list-style-type: none"> <li>1. A copy of plan member's federal income tax Form 1040; if married and filing separately, attach federal income tax form 1040 of each spouse. If you do not file a return because your income is below the IRS minimum, you may attach a wage statement.</li> <li>2. Proof of dependent child's current enrollment at post-high school educational institution. <ul style="list-style-type: none"> <li>▪ a letter from the institution's registrar or enrollment office with student's name, degree or certification expected from program, and confirmation of enrollment in at least 6 credits or equivalent hours.</li> </ul> </li> </ol> <p><b>Do not submit a letter of acceptance from the institution, as it does not fulfill the required proof of enrollment.</b></p>

Applicant authorization	
I confirm that the information provided in this application is true, correct, and complete to the best of my knowledge.	
Applicant's <i>(i.e., plan member's)</i> signature	Date <i>(mm/dd/yyyy)</i>

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



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

  

Account information
Name of financial institution
Routing number (9 digits)
Your bank account number
<b>Account type:</b> <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 (required)	Date (mm/dd/yyyy)
If this form is being completed by a legal representative, include the supporting documents, if not previously submitted.	

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