



## Student's Application for Education Benefit

To initiate education benefits that may be due to you under the Benefits Plan of the Presbyterian Church (U.S.A.), complete and submit this form along with verification of your current and past enrollment history from your school registrar's office.

Personal information		
Name of deceased plan member	Last 4 digits of SSN	
Name of student applicant	Last 4 digits of SSN	
Date of birth (mm/dd/yyyy)		
Address		
City	State	ZIP
Phone	Email (required)	

Educational information			
Date of initial post-secondary entrance			
Please list the months and years — by semesters, quarters, or terms — that you have already been a student in an institution of higher learning, beyond high school.			
Month/Year	through	Month/Year	
	through		<input type="checkbox"/> FT <input type="checkbox"/> PT
	through		<input type="checkbox"/> FT <input type="checkbox"/> PT
	through		<input type="checkbox"/> FT <input type="checkbox"/> PT
	through		<input type="checkbox"/> FT <input type="checkbox"/> PT
Name of institution			

Account information for direct deposit	
Please note that your initial benefit payment will be in the form of a check.	
Name of financial institution	
Routing number (9-digit number)	
Your bank account number	Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
In keeping with the terms of the Benefits Plan, please notify the Board of Pensions if you <ul style="list-style-type: none"> <li>cease full-time attendance;</li> <li>change your permanent or payment address;</li> <li>change bank information.</li> </ul>	

Authorization	
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.	
I also consent to receive communications via standard email to the email address provided.	
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.	
Signature	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](mailto:memberservices@pensions.org). If you need assistance emailing this form, please contact the Board at 800-773-7752 (800-PRESPLAN).