



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

## West Virginia Fund Application

This form is for current and retired members that served in West Virginia to request grants. Grants will be paid directly to the recipient in one lump sum.

### Please include/append direct deposit application to this form.

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).

#### Applicant

Applicants must include:

- a copy of their most recently filed tax return. Total AGI cannot exceed twice median salary (\$124,200 for 2022.)
- documentation corresponding to the amount of assistance requested. Examples of documentation include, but are not limited to: Explanations of Benefits (EOBs) for medical expenses; invoices, receipts, or estimates for repairs, items to be purchased, or services to be obtained

Full name		Last four digits of SSN	
Address			
City	State	ZIP	
Email address		Phone	
Job title			
Grant amount requested \$ _____			
Briefly describe reason for request			

#### To be completed by Mid-Council Leader

(EP, stated clerk, moderator, etc.)

Presbytery name		PIN	
Contact person	Daytime phone		
Address			
City	State	ZIP	
Email address			

#### Authorization

Applicant's signature	Date (mm/dd/yyyy)
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**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)



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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
<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.	

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