

Student's Application For Educational Benefits

Name of Deceased Plan Member _____

Deceased Plan Member's Soc. Sec. # _____

Name of Surviving Spouse/Guardian _____

Name of Student Applicant _____

Soc. Sec. # _____ Date of Birth _____ Marital Status _____ Date of Marriage _____

Permanent Mailing Address _____

City _____ State _____ Zip _____

Phone () _____ Email _____

Address for Payment _____

City _____ State _____ Zip _____

Phone () _____ Email _____

Name of Bank for Direct Deposit _____

For a new bank or a first-time electronic funds transfer, please complete and return the form, EFT-001, which you may request from the Board of Pensions by calling 800-773-7752 (800-PRESPLAN). You can download the form by visiting Pensions.org.

Date of high school graduation _____ Date of initial college entrance _____

Please list the months and years — by semesters, quarters, or terms — that you have already been a full-time student in an institution of higher learning, beyond high school. Do not include vacations or months during which you were not a full-time student according to that institution's definition of full-time status. You may continue the list on the reverse.

Month/Year through Month/Year	Month/Year through Month/Year
through	through
through	through
through	through
through	through

Name of institution you are now enrolled in as a full-time student: _____

In keeping with the terms of the Benefits Plan, please notify the Board of Pensions if you

- cease full-time attendance;
- change your marital status, including the date of marriage/divorce and any name change;
- change your permanent or payment address.

Signature _____ Date _____

If you have questions, please call the Board of Pensions at 800-773-7752 (800-PRESPLAN).

Please return this completed form with the Verification of Enrollment - New Student (DBN-602) or Continuing Student (DBN-603) to

The Board of Pensions of the Presbyterian Church (U.S.A.)
2000 Market Street, Philadelphia, PA 19103-3298
800-773-7752 (800-PRESPLAN)