

Personal Representative Request

This form may be completed by an individual who is covered by the Benefits Plan of the Presbyterian Church (U.S.A.), or their personal representative. It identifies the person who has the legal authority to access the covered individual's personal information and handle their Board of Pensions matters. A personal representative could be a spouse, parent, relative, administrator, executor, legal guardian, or power of attorney. Questions regarding the use of this form should be directed to your Regional Service Team at the Board of Pensions; call 800-773-7752 or 800-PRESPLAN. *(The information on this form can be changed or revoked, in writing, at any time by the covered individual.)*

The Board of Pensions reserves the right to decline to accept this request if it is incomplete or is accompanied by a document that does not meet state law requirements.

Covered Individual Information *(Please print.)*

Name _____ Soc. Sec. # _____
Address _____
City _____ State _____ Zip _____
Phone () _____ Date of Birth _____

Personal Representative Information *(Please print.)*

Name _____ Soc. Sec. # _____
Address _____
City _____ State _____ Zip _____
Phone () _____ Date of Birth _____

Please attach a copy of the completed Designation of Personal Representative form (ENR-904) or Power of Attorney, Custodial Order, Executor of Estate, or other court-initiated document.

Signature _____ Date _____
(of Covered Individual or Personal Representative)

Please send the completed application form to

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