



This Surviving Child Educational Benefit Certification must be received by Pension Fund no later than June 1 for the fall semester or December 1 for the spring semester in order for the educational benefit under the Pension Plan of the Pension Fund of the Christian Church (Disciples of Christ) ("Pension Plan") to be paid by July 1 or January 1 respectively. Unless otherwise directed on this Certification, the educational benefit will be paid to the parent/legal guardian on behalf of and for the benefit of the surviving child until the child attains age 18, and will then be paid to the child.

- PLEASE TYPE OR PRINT CLEARLY -

I. STUDENT INFORMATION

Student Name _____
(first) (middle) (last/family name)

Social Security No./ITIN _____ Date of Birth ____/____/____

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Daytime Phone Number (____) _____ E-Mail Address _____

II. INSTITUTION INFORMATION [COMPLETE ONLY IF ENROLLMENT WILL CONTINUE]

Name of Institution Attended _____

Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Name of Registrar _____ Daytime Phone Number (____) _____

Number of Credit Hours Enrolled _____ for Fall / Spring term (*circle as appropriate*) for 20 ____ / 20 ____

Number of Credit Hours Required for Full Load _____ Make payment directly to this Institution

III. STUDENT AND/OR PARENT/LEGAL GUARDIAN CERTIFICATION AND SIGNATURE

By signing this Certification, I make the following certifications (*check one*):

- I completed the prior semester of full-time attendance at the institution of higher education or vocational, trade or career school identified above (or other institution identified on the Application for Surviving Child Educational Benefit or prior Surviving Child Educational Benefit Certification), and am enrolled as a full-time undergraduate in such institution of higher education or vocational, trade or career school for the semester identified above. *Please attach a copy of the prior semester's transcript or record of courses completed.*
- I am not enrolled in an institution of higher education or vocational, trade or career school this semester. I understand that educational benefits may be reinstated under the terms of the Pension Plan if I again enroll in an institution of higher education or vocational, trade or career school prior to attaining age 25.
- I graduated from _____.

I further certify that the information provided on this Certification is true and accurate. I agree that I will immediately notify Pension Fund at such time that any information provided on this Certification is no longer true and accurate, including any time in which I am no longer enrolled full-time in undergraduate studies at an institution of higher education or vocational, trade or career school. I understand that Pension Fund reserves the right to periodically contact the registrar of the institution of higher education or vocational, trade or career school identified on this Certification to confirm my enrollment and attendance.

If the student is 18 years old or older, this Application must be signed by the student.

Student Signature _____ Date ____/____/____

If the student is less than 18 years old, this Application must also be signed by the Parent/Legal Guardian and in so signing, the Parent/Legal Guardian is agreeing to the above certifications.

Parent/Guardian Signature _____ Date ____/____/____

Pension Fund of the Christian Church
P.O. Box 6251, Indianapolis, Indiana 46206-6251
Toll Free Phone: 1.866.495.7322 • Phone: 317.634.4504 • Fax: 317.634.4071
E-mail: pfcc1@pensionfund.org • Website: www.pensionfund.org