



APPLICATION FOR SURVIVING CHILD EDUCATIONAL BENEFIT

A surviving child of a deceased member of the Pension Plan of the Pension Fund of the Christian Church (Disciples of Christ) ("Pension Plan") may be eligible for an educational benefit for each of the first four years of full-time attendance at an institution of higher education. For purposes of this benefit, the child must be:

- under the age of 21 at the time of the member's death;
- either the natural born child of the member or the legally adopted child of the member, for whom the member had legal responsibility to support (but does not include a stepchild unless the member legally adopted the stepchild); and
- enrolled as a full-time student in an undergraduate program offered by an accredited institution of higher education or in a vocational, trade or career school (full-time means taking a course load that is no less than 50% of a full-time course load for that institution).

The surviving child must begin his or her qualifying study before attaining age 25, and benefits will not be paid after the child attains age 30.

Unless otherwise directed on this Application, 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 ____/____/____ Gender: M F

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

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

Member _____ Member Ref. No. _____
(first) (middle) (last/family name)

II. PARENT/LEGAL GUARDIAN INFORMATION

Parent/Guardian Name _____ Social Security No./ITIN _____
(first) (middle) (last/family)

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

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

Relationship to Deceased Member: Widow(er) Ex-spouse Other _____

Relationship to Student: Parent Stepparent Legal Guardian Other _____

III. INSTITUTION INFORMATION

Name of Institution to be Attended _____

Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Name of Registrar _____ Daytime Phone Number (____) _____

Number of Credit Hours Enrolled _____ for Fall or Spring Term (*check as appropriate*) for 20____ / 20____

Number of Credit Hours for Full-Time Student _____ Student Identification Number _____

List all credit hours completed at any institution of higher education or vocational, trade or career school to date:

Name of Institution	Dates Enrolled	Credit Hours Completed

IV. PAYMENT OF EDUCATIONAL BENEFIT

The educational benefit will be direct deposited by ACH into the following bank account. Complete the following information and attach a "void" check to this Application:

Name of Bank _____

Mailing Address of Bank _____

City _____ State _____ Country _____ Zip Code _____ - _____

Phone Number (_____) _____

Account Number _____ Bank Routing Number _____ Checking Savings

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

By signing this Application, I make the following certifications:

- I certify that I satisfy the eligibility requirements for the educational benefit under the Pension Plan and that the information provided on this Application is true and accurate. I agree that I will immediately notify Pension Fund at such time that any information provided on this Application 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 I must file an Educational Benefit Certification prior to the beginning of each semester hereafter in order to receive an educational benefit for that semester.
- 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 Application or subsequent Certifications 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