



## SURVIVING CHILD EDUCATIONAL BENEFIT CERTIFICATION

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 student until the student attains age 18, and thereafter will be paid to the student.

**- 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. PAYMENT OF SURVIVING CHILD EDUCATION 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

### IV. STUDENT AND/OR PARENT/LEGAL GUARDIAN CERTIFICATION AND SIGNATURE

By signing this Certification, I make the following certification (*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 Certification must be signed by the Student.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**If the student is less than 18 years old, this Certification 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**

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