OMB Control Number 3045-0136 Expiration: 01/31/2024

NATIONAL SERVICE TRUST Request to Transfer a Segal Education Award Amount (#1)

Use this form if you wish to transfer all or part of your unused education award to your child, foster or step child, or step/grandchild. To transfer an education award, you must (1) have earned the award in an approved national service position; and (2) have been aged 55 or older on the date you began the approved term of service. You can transfer an award to no more than two individuals. You may revoke any unused balance of the transferred award prior to its expiration. You can transfer an award only once, unless the transfer was declined in part or in full or you revoke the transfer in part or in full. The recipient of the award is bound by CNCS legislation, regulation, and policies regarding the use of a Segal Education Award. Select the help button for additional information on award transfer criteria and constraints.

Part A: Award Information

[NSP ID]	[Member's name]	select term of service	[Available award balance]
Enter amount t	to be transferred from you	ır account:	
	Part	B: Recipient Information	on
Transfer recipient:		□ child □ foster or step child □ step/grandchild	
Recipient's SSN:		Recipient's date of birth (mmddyyyy):	
Recipient's street address:		Telephone number	
City, state, and	zip code:		
Email address:		Check if the recipient does not have an e-mail address	
I understand that	the designated individual must us	se the education award I am transfer	rring within 10 years of the date I completed th

I understand that the designated individual must use the education award I am transferring within 10 years of the date I completed the term of service upon which this award is based, and that CNCS will not grant an extension solely based on the award recipient not having reached an age to enroll in an institution of higher education or incur qualified student loans. I certify that all of the information I have provided above is true and correct to the best of my knowledge. I agree, by submitting this form, to provide documentation, if asked, to verify the accuracy of the information I have provided in this form. I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, USC., exclusion from participation in federal programs, and forfeiture of benefits I may receive as a result of participation in this program, or other actions authorized by the Civil Fraud Remedies Act, 31 USC 3801-3812.

Submitting this form electronically constitutes your signature

PRIVACY ACT NOTICE-In compliance with the Privacy Act of 1974, the following information is provided: The collection of this information is authorized by the provisions of the National and Community Service Act of 1990, as amended. This form is used by AmeriCorps members to request a transfer of all or a part of their Segal Education Award to a qualified recipient and to verify certain legal requirements. Information may also be provided to federal, state, and local agencies for law enforcement purposes. Information will not otherwise be disclosed without written permission. The Internal Revenue Service has determined that the education award is taxable income in the year it is used. Failure to disclose a required Social Security Number or any other information may result in the application being denied.

PUBLIC REPORTING BURDEN - Estimated time to complete this form, including time for reviewing instructions and gathering & filling in information is 5 minutes. Send comments regarding this burden or the content of the form to the National Service Trust. Respondents are not required to fill out this form unless it displays a valid OMB control number on this page. (See 5 CFR 1320 5(b)(2)(b)). OMB Number 3045-0136