## My PBA 2.0 Wireframes

#### **New Transactions:**

Form 700 Application for Benefits

Form 701 Payee Information Form

Form 702 General Information Form

Form 705 Beneficiary Application for Benefits

Form 706 Beneficiary Application for Benefits-OF

Form 707 Designation of Beneficiary

Request an Estimate

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This package represents key screens from the My PBA 2.0 application. A complete sample transaction is shown with the Change Contact Information transaction. Each transaction follows the same basic flow: input screen or screens, confirmation/review screen, Secret Question/Secret Answer input screen, final confirmation screen. For all the other transactions included in this package, only the input screen or screens is shown to reduce redundancy.

Transactions listed above designated as **(\*NEW\*)** are not in the current application and will be available after the July 2005 launch.

## Login





#### Welcome to My PBA!

#### With My PBA you can perform the following tasks:

- Apply for Electronic Direct Deposit (EDD)
- Edit your existing EDD information
- Designate Federal Tax Withholdings
- Change your address, telephone number, or e-mail address
- · Apply for Benefits
- Request an Estimate of your Benefits
- Designate a Beneficiary



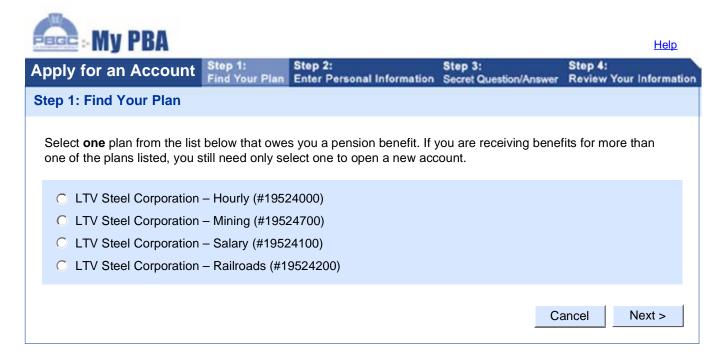
### Apply for an Account



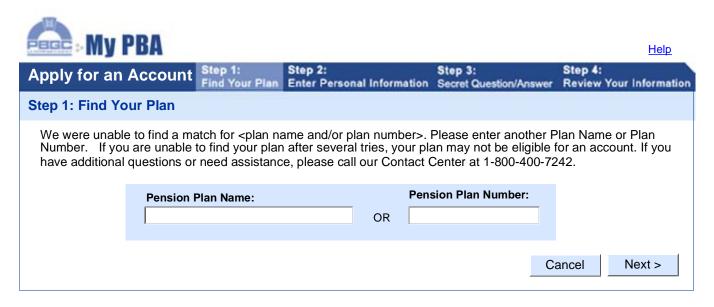
BGC : MV PRA

A DESCRIPTION OF THE PERSON OF	UM						<u>Help</u>
Apply for an A	ccount	Step 1: Find Your Plan	Step 2: Enter Personal Infor	mation	Step 3: Secret Question/Answer	Step 4: Review	Your Information
Step 1: Find You	r Plan						
"Next." You canfir PBGC announcin	nd your pla g trusteesl	n's name and n hip. To open a r	number in the top left new account, you mu	corne	riginal source of your be r of the letter you shou able to find at least one find one of these plans	ld have re plan that	eceived from
	Pension	n Plan Name:	Ol		ension Plan Number:		
					С	ancel	Next >

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#### PLANS RETURNED



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#### NO RESULTS

6



A	pply for an Account	Step 1: Find Your Plan	Step 2: Enter Personal Information	Step 3: Secret Question/Answer	Step 4: Review Your Information
S	tep 2: Enter Personal Inf	ormation			
		F 19			
	Your Plan Information	<u>Edit</u>			
	Plan Name:	LTV Steel Corp	oration - Salary		
	Plan #:	195241			
	Please use your full legal na	ame.			
	First Name:				
	Middle Name (optional):				
	Last Name:				
	Social Security Number:		222-22-2222		
	Date of Birth:		MM/DD/YYYY		
	E-mail Address:				
	Confirm E-mail Address:				
	Notice to Customers usin	ng E-mail Filter	ing "SPAM" Software:		
	Necessary account information software you have installed respond to inquiries and to	d on your compu	ıter. We use your e-mail ad	affected by any e-ma dress to confirm your	ul filtering "SPAM" registration,
	To ensure that you receive check trash, deleted, or qu	necessary e-marantined folder	ails, add the "pbgc.gov" do s for e-mails from pbgc.gov	main to your e-mail "s /.	afe list". Also,
	If your settings do not allow mail/internet provider's Cus	v you to add e-m stomer Support	nail addresses to a "safe lis to research your configurat	t", use the Help section options.	on or contact your e-
	< Back			C	Cancel Next >





	ep 1: Step 2: d Your Plan Enter Personal Information	Step 3: Secret Question/Answer	Step 4: Review Your Information
Step 2: Enter Personal Inform	nation		
Please enter your contact inform	ation.		
Mailing Address:			
City:			
State:	<please select=""></please>		
Province/Region (if outside US):			
Zip/Postal Code:	22222-2222		
Country:	UNITED STATES	Ī	
Daytime Phone:	111-111-1111 Ext.		
Evening Phone (optional):	111-111-1111		
Fax (optional):	111-111-1111		
< Back		С	ancel Next >

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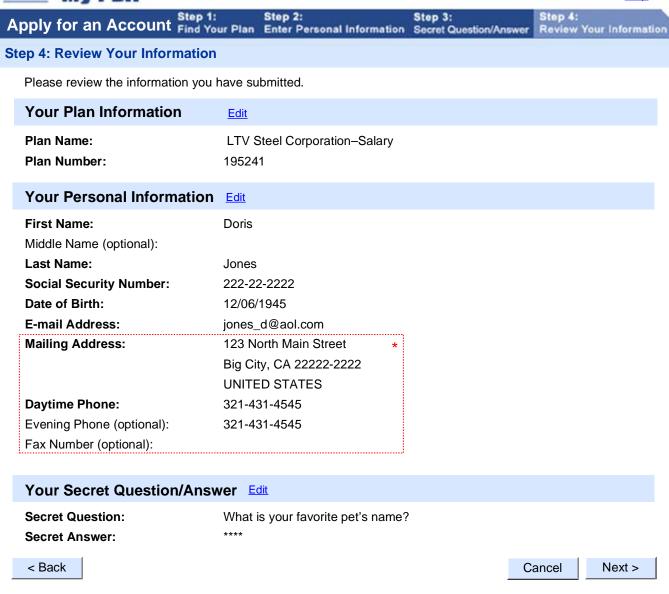


Apply for an Accoun	Step 1: Find Your Plan	Step 2: Enter Personal Information	Step 3: Secret Question/Answer	Step 4: Review Your Information
Step 3: Secret Question	Answer			
Create your security key by the question.	· ·			
Remember your secret que whenever you conduct a		ret answer combination b	ecause My FDA WIII a	isk you to enter it
Secret Question:	<please select=""></please>	V		
Secret Answer:				
Confirm Secret Answer:				
I understand that under the 277), my answer to my sec under 18 U.S.C 1001 as an	ret question will b	be deemed the equivalent o	, ,	
< Back			C	ancel Next >

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<sup>\*</sup> Should not appear if user auto-matches and is not asked to enter this information



#### **Apply for an Account**

#### Congratulations!

Your request for a Pension Benefit Account has been received and approved. Please complete the following steps to activate your account:

- 1. Check your e-mail account for a message from "My PBA Customer Support."
- 2. Click the link in the e-mail message to begin activating your account.
- 3. Use the temporary User ID and Password sent to you in the message to log into My PBA.

If you have additional questions or need assistance, please call our Contact Center at 1-800-400-7242.

Go to My PBA Login

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#### **AUTO-MATCHED**

#### Reset Password



# To reset your password, enter the information requested below. We will confirm that it matches our records, then send you an e-mail with additional instructions. Social Security Number: 222-22-2222 Secret Question: Please Select> Cancel Next >



#### **Reset - Unlock Confirm**

An e-mail message has been sent to you with a new password. Please check your e-mail account and follow the login instructions in the message.

Return to My PBA Login

#### **Unlock Account**



# Unlock Your Account To unlock your account, enter the information requested below. We will confirm that it matches our records, then send you an e-mail with additional instructions. Social Security Number: 2222-22222 Secret Question: Secret Answer: Cancel Next >



#### **Unlock Your Account**

An e-mail message has been sent to you with a new password. Please check your e-mail account and follow the login instructions in the message.

If you have additional questions or need assistance, please call our Contact Center at 1-800-400-7242.

Go to My PBA Home

## Change Password



Change Your Password	
To change your password, first provide the answer to your secret question. Then enter your old password and, finally, your new password.	
<variable question="" secret="">:</variable>	
Old Password:	
New Password:  Password Tips	
Your new password must contain at least one letter and one number and it must be between 8 and 12 characters long. Your new password is case sensitive, so make sure to enter it exactly as you do here when you log in to My PBA.	
Confirm New Password:	
Cancel Next >	



#### **Change Password Confirm**

You have successfully changed your password. We will send you an e-mail message confirming this transaction.

Go to My PBA Home

First Time Login Form 701 (PIF) Form 702 (GIF)

Activ	ate Your Account	
Creat	e Your Permanent User ID and Password	
Step 1	Enter the answer you gave to your secret question. <variable>:</variable>	
Step 2	Enter new User ID:	
	Your User ID can be any combination of letters and/or numbers and it must be between 6 and 25 characters long. Your User ID is not case sensitive. This is the last time that you will be able to change your User ID.	
Step 3	Enter new Password:  Password Tips	
	Your password must contain at least one letter and one number and it must be between 8 and 12 characters long. Your password is case sensitive, so make sure to enter it exactly as you do here when you log in to My PBA.	
	Confirm new Password:	
	Cancel Next >	

#### **Activate Your Account**

#### **About Activating Your Account**

In order to better serve its customers, PBGC requires that all new and current My PBA users provide the following personal information.

. For each plan you are in, PBGC will use the information you provide to determine either your right to a pension benefit or your right to continue receiving benefits for a particular plan. You must complete this process to access your My PBA account.

You may need the following to activate your account:

- Date of Plan Termination
- Marriage Documentation
- Employment Information
- QDRO Information More info...

Our records indicate you are a:

<variable role> in the <variable plan> <variable form> <Incomplete> <Completed> <variable role> in the <variable plan> <variable form> <Incomplete> <Completed> <variable role> in the <variable plan> <variable form> <Incomplete> <Completed>

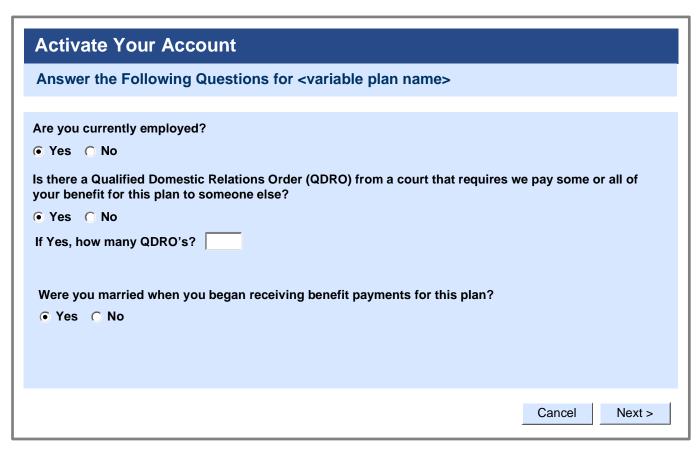
Note: You will be required to enter information for each plan. If you cancel before providing all information needed for each plan, you will lose any information you entered for that plan.

Cancel

Next >

Activate Your Account		
Verify Your Current Person	onal Information for <variable name="" plan=""></variable>	
If your name, Social Security Nur	mber, or date of birth is incorrect please contact PBGC at 1-800-400-7242.	
Name:	Doris Jones	
Other Name(s) Used (optional):		
Social Security Number:	222-22-2222	
Date of Birth:	06/13/1913	
Gender:	○ Male ● Female	
Mailing Address:	222 South Street	
City:	Cityville	
State:	VA 🔻	
Province/Region (if outside US):		
Zip/Postal Code:	22222-2222 22222-2222	
Country:	UNITED STATES	
Daytime Phone:	703-555-5555 111-1111 Ext.	
Evening Phone (optional):	703-555-1111 111-1111	
Fax Number (optional):	111-111-1111	
E-mail Address:	dorisjones@aol.com	
Confirm E-mail Address:	dorisjones@aol.com	
	< Back Cancel Next >	

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PIF, Role PP and WC

Activate Your Account		
Enter Your Current Emplo	yment Information for <variable name="" plan=""></variable>	
Employed By: Mailing Address:	Steel Retirement Inc. 555 Bending Rd.	
City:	Cityville	
State:	VA	
Province/Region (if outside US):		
Zip/Postal Code:	22222-2222 22222-2222	
Country:	UNITED STATES	
	< Back Cancel Next >	

## Role PP and WC (Yes to Currently Employed question)

Activate Your Accou	ınt			
	mation for <variable name<="" plan="" th=""><th>e&gt; as of <va< th=""><th>riable DOP</th><th>T&gt;</th></va<></th></variable>	e> as of <va< th=""><th>riable DOP</th><th>T&gt;</th></va<>	riable DOP	T>
Marriage Date:	03/10/1962 MM/DD/YYYY			
Spouse's First Name:	Bob			
Middle Name (optional):				
Current Last Name:	Jones			
Maiden Name (optional):				
Other Name(s) Used (optional):				
Social Security Number:	333-44-5555 111-11-1111			
Date of Birth:	11/12/1940 MM/DD/YYYY			
Gender:	Male			
Mailing Address:	222 South Street			
City:	Cityville			
State:	VA 🔻			
Province/Region (if outside US):				
Zip/Postal Code:	22222-2222 22222-2222			
Country:	UNITED STATES	Ī		
Daytime Phone:	703-555-5555 111-111-1111 Ext.			
Evening Phone (optional):	111-111-1111			
Fax Number (optional):	111-111-1111			
E-mail Address (optional):	bobjones@aol.com			
		< Back	Cancel	Next >

## Note: The option to choose this person as your beneficiary has been removed

Role PP NOT IN PAY (Yes to Married question)

#### **Activate Your Account Designate Your Beneficiary for the <variable> Plan** Designation of Beneficiary - If there are payments owed to you at the time of your death, PBGC will pay them to the person(s) you designate below. If you do not designate anyone, or if the beneficiary you name dies before you, PBGC will pay the underpayment in this order: your spouse, your children, your parents, your estate, and your next of kin. I name the following person as my beneficiary for amounts owed to me at my death. This replaces any previous designation and will only be effective when PBGC receives it. **Beneficiary's First Name:** Jack Middle Name (optional): Smith Last Name: Other Name(s) Used (optional): brother Relationship to me: 222-44-6666 **Social Security Number:** 111-11-1111 Date of Birth: 08/08/1940 MM/DD/YYYY Gender: **Mailing Address:** 111 West Ave. City: Benefit City State: VA Province/Region (if outside US): 33333 **Zip/Postal Code:** 22222-2222 **UNITED STATES** Country: 333-333-9999 111-111-1111 Ext. **Daytime Phone:** 111-111-1111 Evening Phone (optional): 111-111-1111 Fax Number (optional): E-mail Address (optional): < Back Next > Cancel

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#### **ALL ROLES**

Activate Your Accou	ınt		
<b>Enter Qualified Domestic</b>	Relations Order (QDRO) Info	rmation for <va< td=""><td>riable plan name&gt;</td></va<>	riable plan name>
<variable> Plan</variable>			
There is a QDRO from a court to the following person:	that requires PBGC to pay some of	or all of my benefit	for the <variable> plan</variable>
First Name:	Jane		
Middle Name (optional):			
Last Name:	Martin		
Other Name(s) Used (optional):			
Date of QDRO:	11/11/1998 MM/DD/YYYY		
<variable> Plan</variable>			
There is a QDRO from a court to the following person:	that requires PBGC to pay some o	r all of my benefit	for the <variable> plan</variable>
First Name:	Jeff		
Middle Name (optional):			
Last Name:	Martin		
Other Name(s) Used (optional):			
Date of QDRO:	11/11/1999 MM/DD/YYYY		
< Back			Cancel Next >

## Role PP BASED ON NUMBER OF QDROS

## Home page



Welcome, Doris Jones! → Change Password → Log Out → Help

#### LTV STEEL CORPORATION - SALARY

Plan # 195241 Your Role: Participant

Payment Status: Receiving Payments

- View Payment Details
- 4- Apply for Electronic Direct Deposit (if not already enrolled)
- Edit Electronic Direct Deposit (if already enrolled)
- Edit Federal Tax Withholding
- Designate a Beneficiary.

#### My PBA Transaction Log

You have conducted the following transactions using My PBA:

10/17/2003

Edited Personal Information

10/14/2003

Logged into My PBA

For your security, My PBA will Your Personal Information automatically log you out after 20 minutes of inactivity.

#### - Edit Personal Information

First Name: Doris

Middle Name (optional):

Last Name: Jones Social Security Number: 222-22-2222 Date of Birth: 06/13/1913 Mailing Address: 222 South Street

Cityville, VA 22222-2222

United States

Daytime Phone: 703-555-5555 Evening Phone (optional): 703-555-1111

Fax Number (optional):

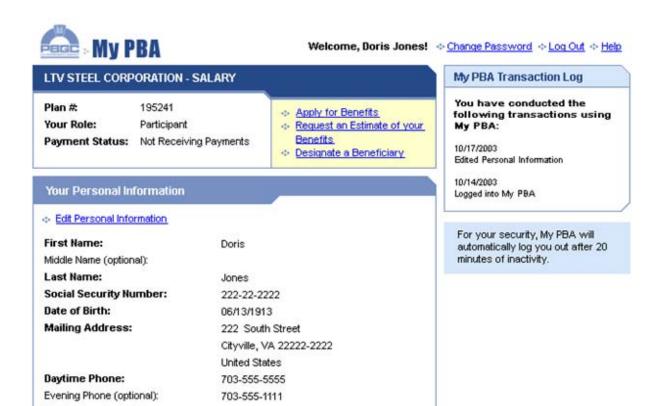
E-mail Address: jones\_d@aol.com

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#### In Pay

- View Payment Details
- Apply for Electronic Direct Deposit (if not already enrolled)
- Edit Electronic Direct Deposit. (if already enrolled)
- Edit Federal Tax Withholding
- Designate a Beneficiary

Variable



jones\_d@aol.com

#### Not In Pay

Fax Number (optional): E-mail Address:

## **Change Contact Information**



Edit Personal Information		
Enter Your Current Personal In	nformation	
If your name, Social Security Numb	er, or date of birth is incorrect please contact PBGC at 1-800-400-7242.	
Name:	Doris Jones	
Social Security Number:	222-22-2222	
Date of Birth:	06/13/1913	
Mailing Address:	222 South Street	
City:	Cityville	
State:	VA 🔻	
Province/Region (if outside US):		
Zip/Postal Code:	22222-2222 2222-2222	
Country:	UNITED STATES	
Daytime Phone:	703-555-5555 111-1111 Ext.	
Evening Phone (optional):	703-555-1111 111-1111	
Fax Number (optional):	111-1111	
E-mail Address:	dorisjones@aol.com	
Confirm E-mail Address:	dorisjones@aol.com	
	Cancel Next >	



#### **Edit Personal Information**

#### **Review Your Information**

Please check that your new contact information is correct. The information that you edited is shown below in **bold faced type**. If you need to change any information, click the "Edit" link.

If your name, Social Security Number, or date of birth is incorrect please contact PBGC at 1-800-400-7242.

Edit **Your Personal Information** Name: **Doris Jones Social Security Number:** 222-22-2222 Date of Birth: 06/13/1913 Mailing Address: 100 Main St. Apt 201 New Town, OH 12345 UNITED STATES 202-555-1212 **Daytime Phone:** Evening Phone (optional): Fax Number (optional): E-mail Address: jones\_d@aol.com < Back Cancel Next >

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#### Your Current Tax Withholding Information Edit

LTV STEEL CORPORATION - SALARY

You have elected: To have Federal income tax withheld based on IRS instructions.

Martial Status: Married

Number of withholding allowances: 1

Additional amount to be withheld (optional):



# Verify Secret Answer Enter the Answer to Your Secret Question I understand that under the Government Paperwork Elimination Act ("GPEA") (Title XVII of Public Law No. 105-277), my answer to my secret question will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C 1001 as an inked signature. Enter the answer you gave to your secret question to ensure a secure transaction of your information. <variable>: \*\*\*\*\*\*\*\*\*\* < Back Cancel Next >



# **Edit Personal Information**

Thank you for using My PBA to edit your contact information. No further action is necessary on your part. Your new contact information will become effective within the next 30 days. We will send you an e-mail message confirming this transaction.

Go to My PBA Home

# Apply for EDD



Contact's Phone (optional):

# **Apply for Electronic Direct Deposit** <variable plan name> Any changes made to your electronic direct deposit information apply only to this plan. To change electronic direct deposit for another plan, please return to My PBA Home and select a different plan. Type of Bank Account: <Please Select> ▼ **Bank Account Number:** View example **Bank Routing Number:** View example Name on Account: (your name must be on the account) **Bank Name: Bank Branch Name: Bank Branch Address:** <Please Select> ▼ City: 22222-2222 State: Zip Code/Postal Code: 111-111-1111 Ext: Bank Contact Person (optional):

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Next >

Cancel



# **Apply for Electronic Direct Deposit**

## <variable plan name>

Please check that your new bank account information is correct. The information that you edited is shown on the right in **bold faced type**. If you need to change any information click the "Edit" link.

# Your Electronic Direct Deposit Information Edit

Type of Bank Account:

Bank Account Number:

123456789

Bank Routing Number:

123456789

Name on Account:

Walter Collins

Bank Name:

Big Bank

Bank Branch Name: Lower City Branch
Bank Branch Address: 234 Anywhere Street

Epicenter, MD 33333

Bank Contact Person (optional): James Smith Contact's Phone (optional): 321-431-4545

< Back

Cancel

Next >



# Verify Secret Answer Enter the Answer to Your Secret Question I understand that under the Government Paperwork Elimination Act ("GPEA") (Title XVII of Public Law No. 105-277), my answer to my secret question will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C 1001 as an inked signature. Enter the answer you gave to your secret question to ensure a secure transaction of your information. <variable>: \*\*\*\*\*\*\*\*\*\* < Back Cancel Next >



# **New EDD Confirm**

Thank you for using My PBA to apply for electronic direct deposit. No further action is necessary on your part. Your new account information will become effective within the next 30 days. We will send you an e-mail message confirming this transaction.

Go To My PBA Home



# **Payment Details**

# <variable plan name>

Plan #: 195241 Your Role: Participant

Payment Status:Receiving paymentsPayment Method:Electronic Direct Deposit

Direct Deposit Information Edit

Type of Bank Account:

Bank Account Number:

Bank Routing Number:

Name on Account:

Doris Jones

Bank Name:

Big Bank

Bank Branch Name: Lower City Branch
Bank Branch Mailing Address: 123 North City Branch

Big City, VA 22222-2222

Name of Contact at Bank (optional): James Smith Contact's Phone (optional): 123-123-4444

Federal Tax Withholding Election Edit

You have elected: To have \$\_\_\_\_\_ withheld monthly.

Go To My PBA Home



Pa۱	/ment	D	etai	Is
_ (1)			Juni	

<variable plan name>

Plan #: 195241 Your Role: Participant

Payment Status:Receiving paymentsPayment Method:Electronic Direct Deposit

Direct Deposit Information Apply for Direct Deposit

Federal Tax Withholding Election Edit

You have elected: To not have Federal income tax withheld.

Martial Status: Married

**Number of withholding allowances:** Additional amount to be withheld (optional):

SEE BELOW FOR OTHER VARIATIONS.

Go To My PBA Home

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You have elected: To have Federal income tax withheld based on IRS instructions.

You have elected: To have \$\_\_\_\_\_ withheld monthly.

# "Periodic Election" a.k.a - Edit Federal Tax Withholding Election

Edit Federal Tax Withholding Election		
Select a Tax Withholding Option		
Tax laws require that PBGC withhold Federal income tax from your pension payment(s) unless you instruct us to do otherwise. You must select one of the three withholding options shown below. More info		
A lelect not to have Federal income tax withheld from my payment(s). (U.S. residents only)		
B O I elect to have Federal income tax withheld from my payment(s) based on IRS Instructions  Marital Status: O Single O Married  Number of withholding allowances:  Additional amount to be withheld (optional): \$00		
C I elect to have the following amount of Federal income tax withheld from my payment(s):  \$ .00		
Cancel Next >		

# Designate a Beneficiary Form 707

# **Designate a Beneficiary**

# Designate Your Beneficiary for the <variable> Plan

### Who can Designate a Beneficiary?

If you are **currently** receiving a pension check from PBGC, you can use this form to designate a beneficiary. If you are receiving a **Joint & Survivor Annuity**, you cannot change the beneficiary designation you made at the time you applied for benefits. If you do not designate a beneficiary, PBGC will pay the amount we owe you in this order: your spouse, your children, your parents, your estate, and your next of kin.

You may be eligible for the following beneficiary designations:

**Designation of Beneficiary for Annuity Benefits Payable after Death**- Annuity benefits, other than joint-and-survivor benefits, that are payable to your beneficiary for periods after your death.

**Designation of Beneficiary for Benefits Due at Death** – This designation covers payments that PBGC may owe you at the time of your death, including back payments for benefit estimates that were too low and certain lump-sum amounts (usually for small benefits). If your benefit is one that provides for benefits to be paid after your death (as with a joint-and-survivor or certain-and-continuous annuity), the person named to receive those continuing benefits will receive any payments due to you at the time of your death. If not, PBGC will make any payments due to you at the time of your death to the person you name below. If you do not name anyone, or if the person you name dies before you, PBGC will pay the amount we owe you in this order: your spouse, your children, your parents, your estate and your next of kin, in that order.

Remember that each time you designate a beneficiary, you replace any previous designation.

If you are unsure what type of annuity you have, don't remember who you previously designated as your beneficiary, or you have any other questions about your beneficiary designation, please contact PBGC at 1-800-400-7242.

Cancel

Next >

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In Pay Participant

# **Designate a Beneficiary** Designate Your Beneficiary for the <variable> Plan Note: This designation replaces any designation you may have made previously. Designation of Beneficiary for Benefits Due at Death - This designation covers payments that PBGC may owe you at the time of your death, including back payments for benefit estimates that were too low and certain lump-sum amounts (usually for small benefits). When you apply for benefits you will have an opportunity to designate a Beneficiary for benefits to be paid after your death (as with a Joint & Survivor (J&S) or Certain & Continuous (C&C) annuity.) More Info... Beneficiary's First Name: Jack Middle Name (optional): Smith Last Name: Other Name(s) Used (optional): brother Relationship to me, if any: e.g., spouse, granddaughter, friend **Social Security Number:** 222-44-6666 111-11-1111 08/08/1940 Date of Birth: MM/DD/YYYY Gender: 111 West Ave. **Mailing Address:** City: Benefit City VA State: • Province/Region (if outside US): 33333 22222-2222 Zip/Postal Code: UNITED STATES Country: 333-333-9999 111-111-1111 Ext. **Daytime Phone:** 111-111-1111 Evening Phone (optional): 111-111-1111 Fax Number (optional): E-mail Address (optional): You can also choose a <u>Contingent Beneficiary</u> (except in the case of a joint-and-survivor annuity). A Contingent Beneficiary becomes eligible for your benefit if the person you have designated as your beneficiary dies **before** Would you like to designate a contingent beneficiary for this benefit? Yes No Cancel Next > < Back

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# Not in Pay Participant

Designate a Beneficiary		
Designate Your Contingent Beneficiary for the <variable> Plan</variable>		
Please provide the contingent beneficia  Designation of Beneficiary for Benefi		
Contingent Beneficiary's First Name:	Mary	
Middle Name (optional):		
Last Name:	Edwards	
Other Name(s) Used (optional):		
Relationship to me, if any:	friend	e.g., spouse, granddaughter, friend
Social Security Number:	999-88-7777 111-11-1111	
Date of Birth:	10/10/1939 MM/DD/YYYY	
Gender:	○ Male	
Mailing Address:	111 South St.	
City:	Southboro	
State:	VA 🔻	
Province/Region (if outside US):		
Zip/Postal Code:	33333 22222-2222	
Country:	UNITED STATES	
Daytime Phone:	333-666-9999 111-111-1111 Ext.	
Evening Phone (optional):	111-111-1111	
Fax Number (optional):	111-111-1111	
E-mail Address (optional):	maryedwards@aol.com	
	< Ba	ack Cancel Next >

Not in Pay Participant

# Apply for Benefits Form 700, 705, 706

# **Apply for Benefits**

# The Two-Step Process of Applying for Benefits

# Step One: Request an estimate

PBGC strongly recommends that you obtain an estimate of your benefit payment(s) prior to applying for benefits. The estimate will show you the amount your payment(s) would be for each possible form of benefit on the date you want your benefits to start. Therefore, having an estimate in hand when you apply for benefits ensures that you will be able to select the form of benefit that will work best for you.

You can expect to receive your benefit estimate from PBGC within 15 to 45 days. If it will take us longer than 45 days to send you a benefit estimate, we will contact you.

### Step Two: Complete the benefit application process

Once you have received an estimate of your benefit payments in the mail from PBGC, you are then able to complete the benefit application process.

### Things to remember about applying for benefits:

- \* You should apply for benefits no more than 90 days before you wish to receive your first payment
- \* PBGC will contact you after receipt of your application to confirm the amount of your payment(s) and the date on which you will receive your first payment
- \* PBGC will contact you if you are missing any "proof documents" (e.g., birth certificate) that are required to complete your application. Please be sure to note the required proof documents that are listed at the end of the application process.
- \* If you are currently married **and** select certain forms of benefit, you will be asked to obtain a notarized signature from your spouse. To facilitate this requirement, My PBA will generate a printable Adobe .PDF version of your completed application at the end of the application process. You will be asked to print the generated application, obtain the necessary signatures, and mail it to PBGC. In order for this process to work, you must have Adobe Acrobat software installed on your computer. You can download this software for free from the Adobe Web site.

If you have additional questions or need assistance, please call our Customer Contact Center at 1-800-400-7242.

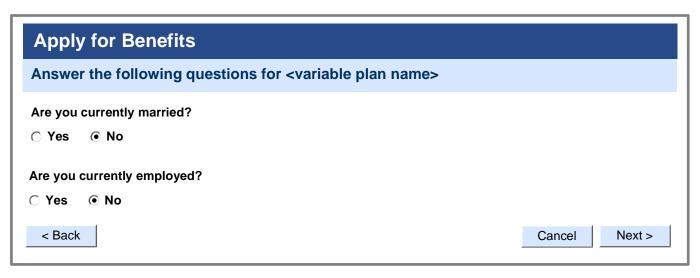
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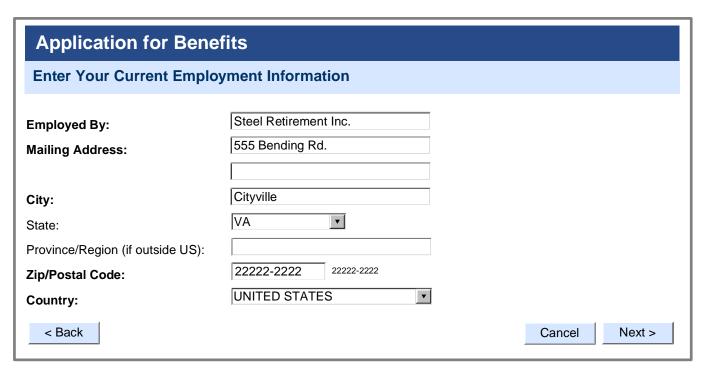
PP,BE,SP Not in Pay

Apply for Benefits	
Enter Estimate Status for <variable name="" plan=""></variable>	
Have you received an estimate from PBGC of your benefit payments for the <variable> plan?  ● Yes ○ No</variable>	
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# Role PP only



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# Role PP only (Yes to Currently Employed question)

Apply for Benefits	
Enter Your Marriage Infor	mation
Marriage Date:	06/24/1964 MM/DD/YYYY
Spouse's First Name:	Walter
Middle Name (optional):	Ernest
Last Name:	Collins
Maiden Name (optional):	
Other Name(s) Used (optional):	Wally
Social Security Number:	929-65-9870 111-11-1111
Date of Birth:	01/02/1929 MM/DD/YYYY
Gender:	Male    Female
Mailing Address:	1212 Tidewater Road
City:	Hamlet
State:	MD
Province/Region (if outside US):	
Zip/Postal Code:	22222 2222-2222
Country:	UNITED STATES
Daytime Phone:	310-555-5555 111-1111 Ext.
Evening Phone (optional):	310-555-1111 111-11111
Fax Number (optional):	111-111-1111
E-mail Address (optional):	janetandwalt@comcast.com
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# Role PP only (Yes to Married question)

# **Apply for Benefits**

# Select a Form of Benefit

Enter the month and year in which you would like your pension benefit payments to begin:

10/2003 MM/YYYY

Note: The month you enter must be in the future, but no more than 90 days from the date that you submit this application

# Select a Form of Benefit and Beneficiary More info about your benefit options...

If you are currently married and select any option below **except** B, your spouse must provide their consent. In addition, your spouse must provide their consent if you select "Other" under Beneficiary. To facilitate spousal consent, My PBA will generate a printable Adobe .PDF version of your completed application at the end of this "Apply for Benefits" process. You will be asked to print the generated application, obtain the necessary signatures, and mail it to PBGC. In order for this process to work, you must have Adobe Acrobat software installed on your computer. You can download this software for free from the <u>Adobe Web site</u>.

If you elect a joint-and-survivor annuity, your beneficiary designation is final and cannot be changed after PBGC makes your first payment. If you elect a certain-and-continuous annuity, you may change your beneficiary at any time.

### Form of Benefit

- A. Plan's Automatic Form for an Unmarried Participant Details
- B. Plan's Automatic Form for a Married Participant Details
- C. Straight Life Annuity Details
- D. Joint-and-50% Survivor Annuity <u>Details</u>
- C E. Joint-and-75% Survivor Annuity <u>Details</u>
- F. Joint-and-100% Survivor Annuity Details
- G. Joint-and-50% Survivor "Pop-up" Annuity Details
- H. 5-year Certain-and-Continuous Annuity <u>Details</u>
- I. 10-year Certain-and-Continuous Annuity <u>Details</u>
- J.15-year Certain-and-Continuous Annuity Details

### **Beneficiary**

C Spouse C Other

Note: If you choose option C (Straight Life Annuity), do not select a Beneficiary

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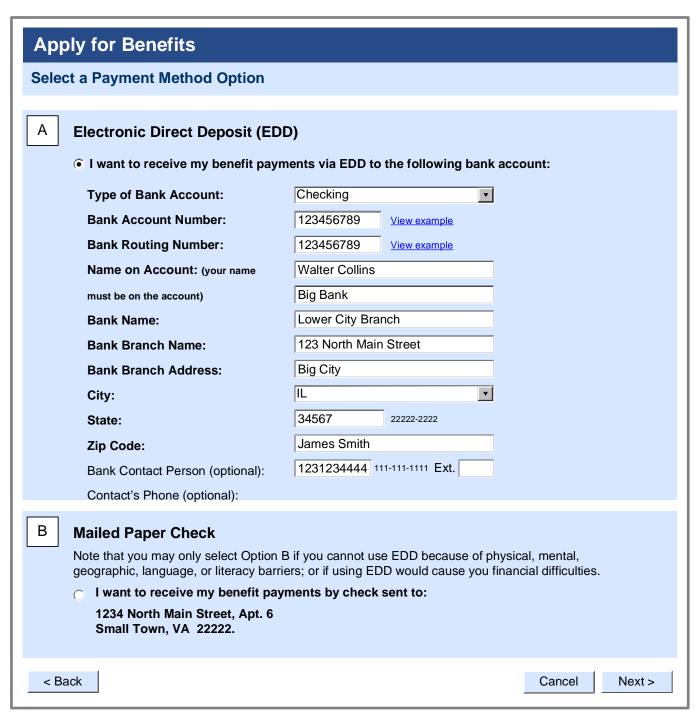
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# Role PP MARRIED

Apply for Benefits		
Designate a Beneficiary		
Your Beneficiary's Personal Information		
I name the following person as my beneficiary. If my beneficiary receives benefits that continue after my death, he or she will also receive any benefits owed to me at my death.		
Beneficiary's First Name:	Eileen	
Middle Name (optional):	O-Wine	
Last Name:	Collins	
Other Name(s) Used (optional):	Sister-In-Law	
Relationship to me:		
Social Security Number:		
Date of Birth:	06/02/1960 MM/DD/YYYY  ○ Male	
Gender:		
Mailing Address:	1212 Windy Lane	
	Lincoln	
City:	NB V	
State:	IND	
Province/Region (if outside US):	22222 2222-2222	
Zip/Postal Code:	UNITED STATES	
Country:	431-555-5555 111-111-1111 Ext.	
Daytime Phone:	431-555-1111 111-1111	
Evening Phone (optional):	111-111-1111	
Fax Number (optional):		
E-mail Address (optional):		
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Apply for Benefits
Select a Tax Withholding Option
Tax laws require that PBGC withhold Federal income tax from your pension payment(s) unless you instruct us to do otherwise. You must select one of the three withholding options shown below. More info
A C I elect not to have Federal income tax withheld from my payment(s). (U.S. residents only)
B C I elect to have Federal income tax withheld from my payment(s) based on IRS Instructions
Marital Status: C Single C Married
Number of withholding allowances:  Additional amount to be withheld (optional):  .00
C I elect to have the following amount of Federal income tax withheld from my payment(s):  \$00
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# Request an Estimate

Request an Estimate		
Select Your Retirement Ages & Enter Your Beneficiary's Information		
Select Your Retirement A	Ages	
I want PBGC to estimate the benefit payment that I would receive as a result of retiring at:		
▼ The "early" retirement age th	e participant's plan has designated	
☑ The "normal" retirement age the participant's plan has designated		
▼ The following "alternate" retir	ement age: 65	
Enter Your Beneficiary's Information  Note: The beneficiary information you enter here will only be used to provide you with an estimate — it will not be saved to your account.		
Beneficiary's First Name:	Karen	
Middle Name (optional):		
Last Name:	Parkin	
Other Name(s) Used (optional):		
Relationship to me:	Sister	
Social Security Number:	920-34-4587 111-11-1111	
Date of Birth:	01/02/1967 MM/DD/YYYY	
Gender:	○ Male  ● Female	
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