

4. Do you have documents to support your appeal (for example, plan pension calculation sheets or letters from the plan or company officials)?

YES <input type="checkbox"/> (Please submit only a copy of the document(s)—do not send originals.)	NO <input type="checkbox"/>
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5. Authorized Representative Information (if any) If you are representing the Appellant identified in Item 1, select the correct box below and complete the remaining information.

<input type="checkbox"/> A spouse, family member, or other person assisting the Appellant with this appeal If you have not already sent PBGC an original notarized power of attorney signed by the Appellant giving you the authority to act on the Appellant's behalf, you must submit one with this form.
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Last Name	First Name	
	Other Name(s) Used	
Mailing Address	Apartment / Route Number	
City	State	Zip Code
Country	Email (optional)	

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6. Signature of Appellant or Authorized Representative – You must sign and date this request. Knowingly and willfully making false, fictitious or fraudulent statements to the Pension Benefit Guaranty Corporation is a crime punishable under Title 18, Section 1001, United States Code. I declare under penalty of perjury that all of the information I have provided on this form is true and correct to the best of my knowledge.

 SIGNATURE DATE

HOW TO FILE: You may either mail this completed form, any additional pages, copies of supporting documents (if any), and a power of attorney (if required—see item 5), to:

Pension Benefit Guaranty Corporation
 Attention: Appeals Division
 Post Office Box 151750
 Alexandria, VA 22315-1750

or, you may fax your appeal to the Appeals Division at (202) 326-4095 or (202) 326-4091, or send it by e-mail to appeals@pbgc.gov.

The Appeals Division will acknowledge your correspondence within one week of receipt. If you have any questions, call the Appeals Division at 1-800-400-7242 ext. 4090.

PBGC Privacy Act Notice

The Privacy Act of 1974, as amended, 5 U.S.C. § 552a (1994), requires PBGC to give you this notice when collecting information from you. PBGC uses the information to resolve administrative appeals of matters specified in 29 C.F.R. § 4003(b)(5) – (10). Your Social Security Number is used by PBGC to identify your records within PBGC, to report income for tax purposes, and to respond to lawful requests for information about you from other individuals and entities. Your response is voluntary. However, failure to provide information to PBGC, including your Social Security Number, may delay or prevent PBGC from calculating and paying your pension benefits.

The PBGC may release information about you to other individuals and entities when necessary and appropriate under the Privacy Act, including: to a third party who may be aggrieved by a decision of the Appeals Board such as an alternate payee under a qualified domestic relations order; to a third party to make benefit payments to you; or to a labor organization that represents you.

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PBGC publishes notices in the *Federal Register* that describe in more detail when information about you may be made available to others. A copy of the most recent *Federal Register* notice may be obtained from PBGC's Customer Contact Center by calling toll-free 1-800-400-7242. For TTY/TDD users, call the federal relay service toll-free at 1-800-877-8339 and ask to be connected to 1-800-400-7242. PBGC's authority to collect information from you, including your Social Security Number, is derived from 29 U.S.C. §§ 1055, 1056(d)(3), 1302, 1321, 1322, 1322a, 1341 and 1350 (1994). If you have any other privacy-related questions or concerns, you may contact PBGC's Disclosure Officer at 1-800-400-7242 extension 4040.