

## Draft of Modernized My PBA Screens

The screen mockups are intended to show the expected placement of the data elements for the modernized MyPBA. Please disregard

- any data reflected on the screens, e.g., 2012
- inconsistent data
- review tags shown in brackets (e.g., [\*F\*], [\*R\*], etc.).

### Contents

Form 700 Apply for Pension Benefits.....	2
Form 701 Payee Information Form.....	9
Form 705 Beneficiary Application for Pension Benefits.....	10
Form 706 Beneficiary Application For Pension Benefits – OF.....	18
Form 707 Designation of Beneficiary for Benefits Owed at Death.....	26
Form 708 Designation of Beneficiary.....	27
Form 711 Change of Beneficiary for Certain & Continuous (C&C) Benefits Only.....	28
Form 716 Continuous Eligibility Certification.....	29
Form 716A Continuous Eligibility Certification.....	30
Form 720 Application for Lump-Sum Payment.....	31
Update Electronic Direct Deposit Screen.....	33
Election to Withhold Federal Income Tax from Periodic Payments Screen.....	34

# Form 700 Apply for Pension Benefits



WILLIAM AUSTIN  
[\*F\*]Last Login: 09/25/2012 at 01:33 PM

» [\[\\*R\\*\]My Profile](#)

[\[\\*R\\*\]Help](#)

[\[\\*R\\*\]Log Out](#)

## [\*R\*]Apply for Pension Benefits [700]

### [\*F\*]MyPBA Options

- > [\[\\*R\\*\]Get an Estimate of Your Benefits](#)
- > [\[\\*R\\*\]Choose Your Beneficiary](#)
- > [\[\\*F\\*\]Apply for Pension Benefits](#)

### [\*R\*]How Do I Know if I can Apply for Pension Benefits?

[\*R\*]You can apply for pension benefits if you meet all of the following criteria:

1. You have not yet applied for benefits for the above plan,
2. You have received an online Benefit Estimate or Optional Benefit Form in the mail from PBGC defining your retirement date with estimated benefit payments, and
3. You are eligible to begin receiving your retirement benefits, under the provisions of your pension plan, within the next 90 days.

If you are not sure if you meet the criteria, call 1-800-400-7242.

Please select the option below that applies to you:

- [\*R\*]Yes, I have received a Benefit Estimate or Optional Benefit Form letter from PBGC.
- [\*R\*]No, I have not received a Benefit Estimate or Optional Benefit Form letter from PBGC.

[\*R\*]Note: If you are not sure if you have received an estimate as described above for your planned retirement date, call our Customer Contact Center at 1-800-400-7242.

### [\*F\*]Customer Contact Center

[\*F\*]Call or Email our Customer Contact Center for assistance.

**1-800-400-7242**

8 a.m. to 7 p.m. ET, Monday-Friday  
(except Federal holidays)

**TTY/ASCII (American Standard Code for Information Interchange)**  
Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

**Email**  
[mypension@pbgc.gov](mailto:mypension@pbgc.gov)

### [\*R\*]What do I need to apply for pension benefits?

[\*R\*]Before starting the process, it is recommended that you review the following to be prepared:

- Your computer will need Adobe Acrobat installed and connected to a working printer to view, save, and print documents at the end of the application process. If you need this software, you can download it free from the [Adobe Web Site](#).
- You may be asked to mail or fax your printed application with required proof documents to complete the application process. Also, if you are married and select certain forms of benefit, you will need to obtain a notarized signature from your spouse on the printed application.
- Your beneficiary's information including their social security number, date of birth, mailing address, phone number, and email address. If your beneficiary is an entity, you will need their employer tax identification (EIN) number.
- If you choose electronic funds transfer, you will need to enter financial institution information for your electronic direct deposit.
- Information related to any court orders that mandates an alternate payee for your benefits.

### [\*R\*]Ready to Apply Online?

[^ \[\\*F\\*\]Top of Page](#)

[Cancel](#)

[\[\\*F\\*\]Start Application](#)

[\[\\*R\\*\]My Pension Plans](#) | [\[\\*R\\*\]My Profile](#) | [\[\\*R\\*\]Help](#) | [\[\\*R\\*\]Log Out](#)

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# Apply for Pension Benefits [700]

- Step 1. Information About You
- Step 2. Choose Benefit Form
- Step 3. Name Your Beneficiary
- Step 4. Specify Tax Withholding
- Step 5. Identify Payment Method
- Step 6. Review and Submit

## MyPBA Options

- Get an Estimate of Your Benefits
- Choose Your Beneficiary
- Apply for Pension Benefits

## Step 1. Information About You [700]

MyPBA

### Payee Information

Please review your personal information for accuracy. Call 1-800-400-7242 to make any corrections.

First and Last Name  
 Date of Birth  
 Social Security Number

Please review your contact information for accuracy. Select "Edit Contact Information" to make any changes.

Mailing Address  
 Gender  
 Daytime Phone Number  
 Evening Phone Number  
 Your Email Address

[Edit Contact Information](#)

## Customer Contact Center

Call or Email our Customer Contact Center for assistance.

1-800-400-7242

8 a.m. to 7 p.m. ET, Monday-Friday (except Federal holidays)

TTY/ASCC (American Standard Code for Information Interchange)  
Call 1-800-977-8339 and ask to be connected to 1-800-400-7242.

Email [mpension@pbgc.gov](mailto:mpension@pbgc.gov)

## Are you currently married?

Yes, I am currently married.

Date of Marriage (PROOF REQUIRED) | Spouse's Social Security Number | Spouse's Date of Birth (PROOF REQUIRED)

Spouse's First Name | Spouse's Middle Name | Spouse's Last Name

Spouse's Other Name(s) | Spouse's Gender (Female / Male)

Will your spouse be your beneficiary? (Yes / No)

No, I am not currently married.

## Is there a court order that requires some or all of your benefit to be paid to someone else?

(For example- domestic relations order, divorce decree, child support order, etc.)

Yes

No

## Please enter the date you want to start your pension benefits. (This date must be the same as the one shown on your Benefit Estimate or Optional Benefit Form Letter.)

Month | Year

## Will you be employed on the date above?

In most cases, if you are still working for the employer who sponsored your pension plan, you may not start your pension benefits before you reach your Normal Retirement Age. If you are not working when your benefits start, but return to work for the employer who sponsored your pension plan before you reach Normal Retirement Age, you must notify PBGC immediately.

Yes

Employer Name  
 Employer City | Employer State

No

[Top of Page](#)

Cancel

Next

### [R] Apply for Pension Benefits [700]

- [R] Step 1: Information About You
- [R] Step 2: Choose Benefit Form
- [R] Step 3: Name Your Beneficiary
- [R] Step 4: Specify Tax Withholding
- [R] Step 5: Identify Payment Method
- [R] Step 6: Review and Submit

- [F] MyPBA Options
  - [F] Get an Estimate of Your Benefits
  - [F] Choose Your Beneficiary
  - [F] Apply for Pension Benefits

#### [R] Step 2. Choose Benefit Form

**[R] How do you want to receive your monthly benefit?**  
 This question is complex and could be one of the most important financial decisions you will ever make. Your decision affects the amount of your monthly benefits and how much your beneficiary will receive after your death. The best option for you depends on your age, health, and other financial resources, as well as the age, health, and financial needs of anyone for whom you wish to provide a benefit. If you are married, you should discuss this choice with your spouse. You may also want to discuss this choice with other family members or friends and, possibly, a financial advisor.

- The following information can also assist you in this process:
- Refer to the calculations included in your benefit estimate package that show the amount of your benefit under the Plan's Automatic Forms (options A and B) and the amount under PBCC's Optional Benefit forms (options C through J).
  - Select **"Description"** to show or hide detailed information with examples. These examples are based on a participant named Sam who is applying for a benefit. Sam will be age 65 when his benefit payments begin. He is married to Carol, who will be 61 years old when Sam's benefit payments begin. We show what Sam and Carol would receive under each benefit form, assuming Sam names Carol as his beneficiary.
  - Refer to our side-by-side comparison of all benefit forms by example in the [Summary of Examples Chart PDF](#).
  - Read all information carefully as you cannot change your benefit election after PBCC makes the first payment to you.
  - Before selecting "Next" to continue your application, double-check that you have selected the button to the left of your final choice.

[F] MyPBA Options

[F] Customer Contact Center

[F] Call or Email our Customer Contact Center for assistance.

[F] 1-800-400-7242

[F] 9 a.m. to 7 p.m. ET, Monday-Friday (except Federal holidays)

[F] TTY: ASCH (American Standard Code for Information Interchange) Call 1-800-877-3139 and ask to be connected to 1-800-400-7242.

[F] Email [meunier@pbcc.com](mailto:meunier@pbcc.com)

#### Benefit Form

- [R] A. Plan's Automatic Form for Unmarried participant** [F] Description
 

[F] You are **unmarried**. You may choose your plan's automatic benefit form for unmarried participants or any of the PBCC optional benefit forms described below. This automatic benefit form in most plans is a straight-life annuity (A-1) or a certain-and-continuous annuity (A-2).
- [R] B. Plan's Automatic Form for Married participant** [F] Description
 

[F] You are **married**. Your automatic benefit form is a joint-and-survivor annuity (B-1) with your spouse as beneficiary. You may choose that benefit form or, with your spouse's written consent, you may choose your plan's automatic benefit form for unmarried participants (A) or any of the PBCC optional benefit forms numbered (C-J), with your spouse or another person as beneficiary. Please note that your spouse has a right to the survivor benefit under your pension plan's automatic benefit form for married participants. You can elect a different benefit form or a beneficiary other than your spouse only if your spouse consents by signing this application before a Notary Public.
- [R] C. Straight Life Annuity** [F] Description
 

[F] A straight-life annuity provides a fixed monthly benefit for the rest of your life only. No survivor benefit will be paid upon your death.

**EXAMPLE:** Sam elects a straight-life annuity, and he receives \$500 a month for the rest of his life. After Sam dies, Carol does not receive any benefits.
- [R] D. Joint and 50% Survivor Annuity** [F] Description
 

[F] A joint and-survivor annuity provides a benefit for the rest of your life at an amount reduced from the straight-life annuity amount with 50% of that reduced amount to be paid to your beneficiary if you die before that person. If your beneficiary dies before you, your benefit will remain at the reduced level, and no survivor benefits will be payable when you die. You may name your spouse or someone else as your beneficiary. **You cannot change your beneficiary after PBCC makes your first payment.** The amount of your benefit will depend on the age of your beneficiary.

**EXAMPLE:** Sam receives \$400 a month for the rest of his life. If Sam dies first, Carol receives \$200 a month for the rest of her life. If Carol dies first, Sam continues to receive \$400 a month for the rest of his life.
- [R] E. Joint and 75% Survivor Annuity** [F] Description
 

[F] A joint and-survivor annuity provides a benefit for the rest of your life at an amount reduced from the straight-life annuity amount with 75% of that reduced amount to be paid to your beneficiary if you die before that person. If your beneficiary dies before you, your benefit will remain at the reduced level, and no survivor benefits will be payable when you die. You may name your spouse or someone else as your beneficiary. **You cannot change your beneficiary after PBCC makes your first payment.** The amount of your benefit will depend on the age of your beneficiary.

**EXAMPLE:** Sam receives \$420 a month for the rest of his life. If Sam dies first, Carol receives \$315 a month for the rest of her life. If Carol dies first, Sam continues to receive \$420 a month for the rest of his life.
- [R] F. Joint and 100% Survivor Annuity** [F] Description
 

[F] A joint and-survivor annuity provides a benefit for the rest of your life at an amount reduced from the straight-life annuity amount with 100% of that reduced amount to be paid to your beneficiary if you die before that person. If your beneficiary dies before you, your benefit will remain at the reduced level, and no survivor benefits will be payable when you die. You may name your spouse or someone else as your beneficiary. **You cannot change your beneficiary after PBCC makes your first payment.** The amount of your benefit will depend on the age of your beneficiary.

**EXAMPLE:** Sam receives \$400 a month for the rest of his life. If Sam dies first, Carol receives \$400 a month for the rest of her life. If Carol dies first, Sam continues to receive \$400 a month for the rest of his life.
- [R] G. Joint and 50% Survivor "Pop-up" Annuity** [F] Description
 

[F] The "pop-up" annuity is the same as the joint-and-50% survivor annuity (D) except that if your beneficiary dies before you, your benefit "pops up" to the straight-life annuity amount. Like the other joint and-survivor benefit forms, you may choose your spouse or someone else as your beneficiary. The amount of your benefit will depend on the age of your beneficiary. **You cannot change your beneficiary after PBCC makes your first payment.**

**EXAMPLE:** Sam elects a joint-and-50% survivor "pop-up" annuity and receives a payment of \$444 a month. If Sam dies first, Carol receives \$222 a month for the rest of her life. However, if Carol dies first, Sam's benefit "pops up" to his straight-life annuity benefit amount of \$500 a month for the rest of his life.
- [R] H. 5-year Certain-and-Continuous Annuity** [F] Description
 

[F] A 5-year certain-and-continuous annuity provides a benefit for the rest of your life at an amount reduced from the straight-life annuity amount. If you die within five years after your benefit payments start, your designated beneficiary will receive the benefit for the remainder of that "certain" period. If you die after the certain period, no survivor benefit is payable. You may choose any beneficiary for your certain-and-continuous annuity, such as your spouse, another person, an estate, a trust, a church or other organization, etc. You can change this beneficiary designation at any time. If your beneficiary dies before you and before the end of the certain period, you should designate a new beneficiary. The amount of your benefit is the same regardless of whom you designate as beneficiary.

**EXAMPLE:** Sam receives \$484 a month for the rest of his life. If Sam dies within five years, Carol receives \$484 a month for the remainder of the five-year period. If Sam dies after 5 years, Carol does not receive any benefits.
- [R] I. 10-year Certain-and-Continuous Annuity** [F] Description
 

[F] A 10-year certain-and-continuous annuity provides a benefit for the rest of your life at an amount reduced from the straight-life annuity amount. If you die within ten years after your benefit payments start, your designated beneficiary will receive the benefit for the remainder of that "certain" period. If you die after the certain period, no survivor benefit is payable. You may choose any beneficiary for your certain-and-continuous annuity, such as your spouse, another person, an estate, a trust, a church or other organization, etc. You can change this beneficiary designation at any time. If your beneficiary dies before you and before the end of the certain period, you should designate a new beneficiary. The amount of your benefit is the same regardless of whom you designate as beneficiary.

**EXAMPLE:** Sam receives \$477 for the rest of his life. If Sam dies within ten years, Carol receives \$477 a month for the remainder of the ten-year period. If Sam dies after 10 years, Carol does not receive any benefits.
- [R] J. 15-year Certain-and-Continuous Annuity** [F] Description
 

[F] A 15-year certain-and-continuous annuity provides a benefit for the rest of your life at an amount reduced from the straight-life annuity amount. If you die within 15 years after your benefit payments start, your designated beneficiary will receive the benefit for the remainder of that "certain" period. If you die after the certain period, no survivor benefit is payable. You may choose any beneficiary for your certain-and-continuous annuity, such as your spouse, another person, an estate, a trust, a church or other organization, etc. You can change this beneficiary designation at any time. If your beneficiary dies before you and before the end of the certain period, you should designate a new beneficiary. The amount of your benefit is the same regardless of whom you designate as beneficiary.

**EXAMPLE:** Sam receives \$452 a month for the rest of his life. If Sam dies within 15 years, Carol receives \$452 a month for the remainder of the 15-year period. If Sam dies after 15 years, Carol does not receive any benefits.

[F] Top of Page [F] Cancel [F] Back [F] Next

Step 4 Tax Withholding: if option B is selected, fields for that option are displayed.



[\*F\*]Last Login: 09/25/2012 at 01:33 PM

[\*R\*]My Profile

[\*R\*]Help

[\*R\*]Log Out

## [\*R\*]Apply for Pension Benefits [700]

- [\*R\*]Step 1. Information About You
- [\*R\*]Step 2. Choose Benefit Form
- [\*R\*]Step 3. Name Your Beneficiary
- [\*R\*]Step 4. Specify Tax Withholding
- [\*R\*]Step 5. Identify Payment Method
- [\*R\*]Step 6. Review and Submit

[\*F\*]MyPBA Options

- > [\[\\*R\\*\]Get an Estimate of Your Benefits](#)
- > [\[\\*R\\*\]Choose Your Beneficiary](#)
- > [\[\\*F\\*\]Apply for Pension Benefits](#)

### [\*R\*]Step 4. Specify Tax Withholding

[\*R\*]In general, tax laws require PBGC to withhold federal income tax from your pension payments, unless you specifically elect not to have taxes withheld.

Please read all options carefully and make your selection by **choosing one option - A, B, or C**. If you live outside the United States, you cannot choose Option A. You may change your option at any time online by selecting "Specify Tax Withholdings" under "My Plan Options" menu.

When determining your federal tax withholding, you may find it helpful to read the IRS instructions for completing the IRS Form W-4P (Withholding Certificate for Pension or Annuity Payments). You can print a copy from the IRS website, [www.irs.gov](http://www.irs.gov), under Forms and Publications at. Or, call our Customer Contact Center and we will send you a copy.

If you live outside the United States, you may be eligible for special tax treatment under a tax treaty with the country where you reside. If applicable, we will send you additional information after submission.

[\*F\*]Customer Contact Center

[\*F\*]Call or Email our Customer Contact Center for assistance.

☎ 1-800-400-7242

[\*F\*]8 a.m. to 7 p.m. ET, Monday-Friday  
*(except Federal holidays)*

**TTY/ASCII (American Standard Code for Information Interchange)**  
Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

✉ [\[\\*F\\*\]Email mpension@pbgc.gov](mailto:mpension@pbgc.gov)

A  [\*F\*] elect not to have federal income tax withheld. (Available to U.S. residents only)

B  [\*F\*] elect to have federal income tax withheld based on IRS instructions.

\* [\*F\*]Marital Status  
 Single  Married

\* [\*F\*]Number of withholding allowances

[\*F\*]Additional monthly amount to be withheld (optional).  
\$  .00 per month

C  [\*F\*] elect to have the following dollar amount of tax withheld for federal income tax.

[^ \[\\*F\\*\]Top of Page](#)

Cancel

Back

Next

[\*R\*]My Pension Plans | [\*R\*]My Profile | [\*R\*]Help | [\*R\*]Log Out

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Step 4 Tax Withholding: if option C is selected, fields for that option are displayed.



[\*F\*]Last Login: 09/25/2012 at 01:33 PM

[\[\\*R\\*\]My Profile](#) [\[\\*R\\*\]Help](#) [\[\\*R\\*\]Log Out](#)

## [\*R\*]Apply for Pension Benefits [700]

[\*R\*]Step 1. Information About You | [\*R\*]Step 2. Choose Benefit Form | [\*R\*]Step 3. Name Your Beneficiary | **[\*R\*]Step 4. Specify Tax Withholding** | [\*R\*]Step 5. Identify Payment Method | [\*R\*]Step 6. Review and Submit

### [\*R\*]Step 4. Specify Tax Withholding

[\*R\*]In general, tax laws require PBGC to withhold federal income tax from your pension payments, unless you specifically elect not to have taxes withheld.

Please read all options carefully and make your selection by **choosing one option - A, B, or C**. If you live outside the United States, you cannot choose Option A. You may change your option at any time online by selecting "Specify Tax Withholdings" under "My Plan Options" menu.

When determining your federal tax withholding, you may find it helpful to read the IRS instructions for completing the IRS Form W-4P (Withholding Certificate for Pension or Annuity Payments). You can print a copy from the IRS website, [www.irs.gov](http://www.irs.gov), under Forms and Publications at. Or, call our Customer Contact Center and we will send you a copy.

If you live outside the United States, you may be eligible for special tax treatment under a tax treaty with the country where you reside. If applicable, we will send you additional information after submission.

A [\*F\*] I elect not to have federal income tax withheld. (Available to U.S. residents only)

B [\*F\*] I elect to have federal income tax withheld based on IRS instructions.

C [\*F\*] I elect to have the following dollar amount of tax withheld for federal income tax.

\* Monthly Amount  .00 per month OR Monthly Percentage  %

[^ \[\\*F\\*\]Top of Page](#) [Cancel](#) [Back](#) [Next](#)

[\[\\*R\\*\]My Pension Plans](#) | [\[\\*R\\*\]My Profile](#) | [\[\\*R\\*\]Help](#) | [\[\\*R\\*\]Log Out](#) [Privacy Policy](#) | [Disclaimer](#)

#### [\*F\*]MyPBA Options

- > [\[\\*R\\*\]Get an Estimate of Your Benefits](#)
- > [\[\\*R\\*\]Choose Your Beneficiary](#)
- > [\[\\*F\\*\]Apply for Pension Benefits](#)

#### [\*F\*]Customer Contact Center

[\*F\*]Call or Email our Customer Contact Center for assistance.

**1-800-400-7242**

[\*F\*]8 a.m. to 7 p.m. ET, Monday-Friday  
(except Federal holidays)

#### TTY/ASCII (American Standard Code for Information Interchange)

Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

**[\*F\*]Email**  
[mypension@pbgc.gov](mailto:mypension@pbgc.gov)

[\*F\*]Last Login: 09/25/2012 at 01:33 PM

[\*R\*]My Profile

[\*R\*]Help

[\*R\*]Log Out

## [\*R\*]Apply for Pension Benefits [700]

- [\*R\*]Step 1.  
Information About You
- [\*R\*]Step 2.  
Choose Benefit Form
- [\*R\*]Step 3.  
Name Your Beneficiary
- [\*R\*]Step 4.  
Specify Tax Withholding
- [\*R\*]Step 5.  
Identify Payment Method
- [\*R\*]Step 6.  
Review and Submit

### [\*F\*]MyPBA Options

- > [\[\\*R\\*\]Get an Estimate of Your Benefits](#)
- > [\[\\*R\\*\]Choose Your Beneficiary](#)
- > [\[\\*F\\*\]Apply for Pension Benefits](#)

### [\*F\*]Customer Contact Center

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**Email**  
[mypension@pbgc.gov](mailto:mypension@pbgc.gov)

## [\*R\*]Step 5. Identify Payment Method

[\*R\*]PBGC makes payments by way of **Electronic Funds Transfer (EFT)** either by Electronic Direct Deposit (EDD) or an Electronic Transfer Account (ETA), described below. EFT is safe, secure and convenient. You will get your payment on time even if you are out-of-town or unable to get to the bank.

If you **do not** have a bank account, you can open a low-cost Electronic Transfer Account (ETA) at a financial institution that offers such accounts. For more information about opening an ETA, call 1-888-362-3311 (toll-free) or visit the ETA website at [www.eta-find.gov](http://www.eta-find.gov).

**Note:** PBGC does not process EFT for financial institutions outside of the United States and its territories. If you live outside of the United States or its territories, PBGC will send your payment to your mailing address unless you have a bank account in the United States or its territories and provide the information below.

### [\*F\*]Financial Institution Information

\* [\*F\*]Name(s) on Bank Account

\* [\*F\*]Bank Account Type

#### Sample Check

JOHN DOE  
1234 ANYWHERE AVE  
SMALL TOWN, VA 12345

0123

Date \_\_\_\_\_

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_

Dollars \_\_\_\_\_

Memo \_\_\_\_\_

\*[123456789]\*[001234567890000]\*

**Bank Routing Number**  
123456789

**Bank Account Number**  
001234567890000

\* [\*F\*]Bank Routing Number

\* [\*F\*]Bank Account Number

[\*F\*] would prefer that PBGC mail me a check instead of depositing the funds directly into my bank account

[\[\\*F\\*\]Top of Page](#)

[Cancel](#)

[Back](#)

[Next](#)

## [\*R\*]Apply for Pension Benefits [700]

- [\*R\*]Step 1.  
Information About You
- [\*R\*]Step 2.  
Choose Benefit Form
- [\*R\*]Step 3.  
Name Your Beneficiary
- [\*R\*]Step 4.  
Specify Tax Withholding
- [\*R\*]Step 5.  
Identify Payment Method
- [\*R\*]Step 6.  
Review and Submit

### [\*F\*]MyPBA Options

- > [\*R\*]Get an Estimate of Your Benefits
- > [\*R\*]Choose Your Beneficiary
- > [\*F\*]Apply for Pension Benefits

### [\*R\*]Step 6. Review and Submit

#### [\*R\*]1. Review Your Application

[\*R\*]It is important that you review your application before submitting. You can make changes by selecting "Edit Section".

[\*R\*]Step 1. Information About You [\*R\*]Edit Section

[\*F\*]Benefits Start Date: [text box]  
 [\*R\*]Employment Status: [text box]  
 [\*R\*]Court Order: [text box]  
 [\*R\*]Marital Status: [text box]

[\*R\*]Step 2. Choose Benefit Form [\*R\*]Edit Section

[\*R\*]Benefit Form: [text box]

[\*R\*]Step 3. Name Your Beneficiary [\*R\*]Edit Section

[\*F\*]Beneficiary: [text box]  
 [\*F\*]Beneficiary's Name: [text box]

[\*R\*]Step 4. Specify Tax Withholding [\*R\*]Edit Section

[\*R\*]Tax Withholding Option: [text box]  
 [\*F\*]Marital Status: [text box]  
 [\*F\*]Number of withholding allowances: [text box]

[\*R\*]Step 5. Identify Payment Method [\*R\*]Edit Section

[\*F\*]Bank Routing Number: [text box]  
 [\*F\*]Bank Account Number: [text box]  
 [\*F\*]Bank Account Type: [text box]  
 [\*F\*]Name(s) on Bank Account: [text box]

[\*R\*]

I, [text box] understand that under the Government Paperwork Elimination Act (Title XVII of Public Law No. 105-277), selecting the "Submit" button will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C 1001 as a signature in ink.

Knowingly and willfully making false, fictitious, or fraudulent statements to PBGC 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 entered is true and correct.**

[\*R\*] also understand that I cannot change the form of benefit I have elected after PBGC makes my first payment.

[\*R\*]Knowingly and willfully making false, fictitious, or fraudulent statements to PBGC is a crime punishable under Title 18, Section 1001, United States Code. I declare with my signature, under penalty or perjury, that all the information I have entered is true and correct.

I, [text box], understand that under the Government Paperwork Elimination Act (Title XVII of Public Law No. 105-277), selecting the "Submit" button will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C 1001 as a signature in ink.

#### [\*R\*]2. Submit Your Application

[\*R\*]In order to process your application, PBGC must have a copy of the following documents on file. If you have not already submitted copies of these documents to PBGC, you must do so before your application can be processed and your benefits can begin.

- [\*F\*]Your birth or baptism certificate, or U.S. passport
- [\*R\*] have, or will, mail or fax a copy of the required proof documents to PBGC.

[^ \[\\*F\\*\]Top of Page](#)

[Cancel](#)

[Submit](#)

### [\*F\*]Customer Contact Center

[\*F\*]Call or Email our Customer Contact Center for assistance.

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[\*F\*]8 a.m. to 7 p.m. ET, Monday-Friday  
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**TTY/ASCII (American Standard Code for Information Interchange)**  
 Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

**[\*F\*]Email**  
[mypension@pbgc.gov](mailto:mypension@pbgc.gov)



# Form 701 Payee Information Form



[\*F\*] MyPBA Options

[\*F\*] Payee Information [Form 701]

[\*F\*] You must complete all of the sections to continue receiving pension payments. Submitting this form will notify any notification request from PBCC to complete Form 701.

**\*Required**

**[\*F\*] Information About You**

[\*F\*] Please review your personal information for accuracy. Call 1-800-400-7242 to make any corrections.

[\*F\*] First and Last Name  
[\*F\*] Date of Birth  
[\*F\*] Social Security Number

[\*F\*] Please review your contact information. Select "Edit Contact Information" to make any changes.

Gender  
Daytime Phone Number  
Evening Phone Number  
[\*F\*] Home Email Address

[\*F\*] Edit Contact Information

**[\*F\*] Participant Information**

**[\*F\*] Are you currently employed?**

Yes  
 No

[\*F\*] Employer Name  
[\*F\*] Employer City  
[\*F\*] Employer State

**[\*F\*] Were you married when you retired?**

Yes, I was married when I retired.  
 No, I was not married when I retired.

[\*F\*] Date of Marriage (PROOF REQUIRED)  
[\*F\*] Spouse's Date of Birth (PROOF REQUIRED)  
[\*F\*] Spouse's Date of Death, if applicable (PROOF REQUIRED)

[\*F\*] Spouse's First Name  
[\*F\*] Spouse's Middle Name  
[\*F\*] Spouse's Last Name

[\*F\*] Spouse's Other Name(s)  
[\*F\*] Spouse's Social Security Number

**[\*F\*] Is there a court order (for example - domestic relations order, divorce decree, child support order, etc.) that requires some or all of your benefit be paid to a spouse, former spouse, child, or other dependent?**

Yes  
 No

[\*F\*] Date of CDRB  
[\*F\*] Name of Alternate Payee

**[\*F\*] Name Your Beneficiary**

PBCC may use the money after the time of your death. Typically, this happens if your final benefit is higher than the estimated benefit we have been paying. If another person continues to receive your benefit after your death (as with a joint and survivor or certain and continuous annuity), we will pay the money (and its) that person. If there are no continuing benefits or the person designated to receive continuing payments dies before you, PBCC will make any amounts owed to you at the time of your death to the person or entity (such as a trust, church, estate or other organization) that you designate in this section. If you do not make a designation, or if the beneficiary is a person and dies before you, PBCC will pay the money in this order: to your spouse, your children, your parents, your estate, or your next of kin.

Name the person or entity below as my beneficiary. This designation replaces any previous designation and will be effective only when PBCC receives it.

Name a person as your beneficiary  
 Name an entity as your beneficiary

[\*F\*] Beneficiary's Name  
[\*F\*] Beneficiary's Daytime Phone Number

[\*F\*] Beneficiary's Relationship to me  
[\*F\*] Beneficiary's Social Security Number  
[\*F\*] Beneficiary's Date of Birth

beneficiary lives at my mailing address  
 beneficiary lives at a separate mailing address

[\*F\*] Beneficiary's Street Number and Name  
Beneficiary's City  
Beneficiary's State  
[\*F\*] Beneficiary's Postal Code

[\*F\*] Beneficiary's Province (non U.S. addresses)  
[\*F\*] Beneficiary's Country

PF1  
I understand that under the Government Pensions Elimination Act (Title XIII of Public Law No. 105-277), adding the "Submit" button will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C. 1001 as a signature in ink.  
Knowing and without making false, fictitious, or fraudulent statements to PBCC 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 entered is true and correct.

[\*F\*] Use of Page  
Cancel  
Submit

[\*F\*] Customer Contact Center  
[\*F\*] Call or Email our Customer Contact Center for assistance.  
1-800-400-7242  
[\*F\*] 9 a.m. to 7 p.m. ET, Monday-Friday  
(except Federal holidays)  
TTY (ASCI) (American Standard Code for Information Interchange)  
Call 1-800-877-8222 and ask to be connected to 1-800-400-7242.  
[\*F\*] Email  
mpennin@pbcc.biz

[\*F\*] Pension Plans | [\*F\*] My Profile | [\*F\*] Help | [\*F\*] Log Out  
Privacy Policy | Disclaimer

# Form 705 Beneficiary Application for Pension Benefits



[\*F\*]Last Login: 09/30/2011 at 04:24 PM

[\*R\*]My Pension Plan

[\*R\*]My Profile

[\*R\*]Help

[\*R\*]Log Out

## [\*R\*]Apply for Pension Benefits [705]

### [\*F\*]MyPBA Options

- > [\[\\*R\\*\]Get an Estimate of Your Benefits](#)
- > [\[\\*R\\*\]Choose Your Beneficiary](#)
- > [\[\\*F\\*\]Apply for Pension Benefits](#)

### [\*R\*]How Do I Know if I can Apply for Pension Benefits?

[\*R\*]You can apply for pension benefits if you meet all of the following criteria:

1. You have not yet applied for benefits for the above plan,
2. You have received an online Benefit Estimate or Optional Benefit Form in the mail from PBGC defining your retirement date with estimated benefit payments, and
3. You are eligible to begin receiving your retirement benefits, under the provisions of your pension plan, within the next 90 days.

If you are not sure if you meet the criteria, call 1-800-400-7242.

Please select the option below that applies to you:

- [\*R\*]Yes, I have received a Benefit Estimate or Optional Benefit Form letter from PBGC.
- [\*R\*]No, I have not received a Benefit Estimate or Optional Benefit Form letter from PBGC.

[\*R\*]Note: If you are not sure if you have received an estimate as described above for your planned retirement date, call our Customer Contact Center at 1-800-400-7242.

[\*R\*]You can request a benefit estimate now by selecting: [\[\\*R\\*\]Get an Estimate of Your Benefits](#)

### [\*F\*]Customer Contact Center

[\*F\*]Call or Email our Customer Contact Center for assistance.

**1-800-400-7242**

[\*F\*]8 a.m. to 7 p.m. ET, Monday-Friday  
(except Federal holidays)

**TTY/ASCII (American Standard Code for Information Interchange)**  
Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

**Email**  
[mypension@pbgc.gov](mailto:mypension@pbgc.gov)

### [\*R\*]What do I need to apply for pension benefits?

[\*R\*]Before starting the process, it is recommended that you review the following to be prepared:

- Your computer will need Adobe Acrobat installed and connected to a working printer to view, save, and print documents at the end of the application process. If you need this software, you can download it free from the [Adobe Web Site](#).
- You may be asked to mail or fax your printed application with required proof documents to complete the application process. Also, if you are married and select certain forms of benefit, you will need to obtain a notarized signature from your spouse on the printed application.
- Your beneficiary's information including their social security number, date of birth, mailing address, phone number, and email address. If your beneficiary is an entity, you will need their employer tax identification (EIN) number.
- If you choose electronic funds transfer, you will need to enter financial institution information for your electronic direct deposit.
- Information related to any court orders that mandates an alternate payee for your benefits.

### [\*R\*]Ready to Apply Online?

[\[\\*F\\*\]Top of Page](#)

[Cancel](#)

[\[\\*F\\*\]Start Application](#)

[\[\\*R\\*\]My Pension Plan](#) | [\[\\*R\\*\]My Profile](#) | [\[\\*R\\*\]Help](#) | [\[\\*R\\*\]Log Out](#)

[Privacy Policy](#) | [Disclaimer](#)

[\*F\*]Last Login: 09/30/2011 at 04:24 PM

[\*R\*]My Pension Plan

[\*R\*]My Profile

[\*R\*]Help

[\*R\*]Log Out

## [\*R\*]Apply for Pension Benefits [705]

[\*R\*]Step 1.  
Information  
About You

[\*R\*]Step 2.  
Choose  
Benefit Form

[\*R\*]Step 3.  
Name Your  
Beneficiary

[\*R\*]Step 4.  
Specify Tax  
Withholding

[\*R\*]Step 5.  
Identify  
Payment  
Method

[\*R\*]Step 6.  
Review and  
Submit

### [\*F\*]MyPBA Options

- > [\[\\*R\\*\]Get an Estimate of Your Benefits](#)
- > [\[\\*R\\*\]Choose Your Beneficiary](#)
- > [\[\\*F\\*\]Apply for Pension Benefits](#)

### [\*F\*]Customer Contact Center

[\*F\*]Call or Email our Customer Contact Center for assistance.

**1-800-400-7242**

[\*F\*]8 a.m. to 7 p.m. ET, Monday-Friday  
(except Federal holidays)

**TTY/ASCII (American Standard Code for Information Interchange)**

Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

**Email**  
[mypension@pbgc.gov](mailto:mypension@pbgc.gov)

## [\*R\*]Step 1. Information About You

[\*R\*]

### [\*R\*]Payee Information

[\*SY\*]Please review your personal information for accuracy. Call 1-800-400-7242 to make any corrections.

[\*F\*]First and Last Name

[\*R\*]Date of Birth

[\*F\*]Social Security Number

[\*SY\*]Please review your contact information for accuracy. Select "Edit Contact Information" to make any changes.

**Mailing Address**

**Gender**

**Daytime Phone Number**

**Evening Phone Number**

[\*F\*]Your Email Address

[\[\\*R\\*\]Edit Contact Information](#)

### [\*R\*]Your Relationship to Plan Participant

[\*R\*]Plan Participant

[\*R\*]Your relationship to the plan participant

\* [\*F\*]Date of Participant's Death

[^ \[\\*F\\*\]Top of Page](#)

[Cancel](#)

[Next](#)

[\*F\*]Last Login: 09/30/2011 at 04:24 PM

[\*R\*]My Pension Plan

[\*R\*]My Profile

[\*R\*]Help

[\*R\*]Log Out

## [\*R\*]Apply for Pension Benefits [705]

[\*R\*]Step 1.  
Information  
About You

[\*R\*]Step 2.  
Choose  
Benefit Form

[\*R\*]Step 3.  
Name Your  
Beneficiary

[\*R\*]Step 4.  
Specify Tax  
Withholding

[\*R\*]Step 5.  
Identify  
Payment  
Method

[\*R\*]Step 6.  
Review and  
Submit

### [\*F\*]MyPBA Options

- > [\[\\*R\\*\]Get an Estimate of Your Benefits](#)
- > [\[\\*R\\*\]Choose Your Beneficiary](#)
- > [\[\\*F\\*\]Apply for Pension Benefits](#)

### [\*F\*]Customer Contact Center

[\*F\*]Call or Email our Customer Contact Center for assistance.

**1-800-400-7242**

[\*F\*]8 a.m. to 7 p.m. ET, Monday-Friday  
(except Federal holidays)

**TTY/ASCII (American Standard Code for Information Interchange)**

Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

**Email**  
[mypension@pbgc.gov](mailto:mypension@pbgc.gov)

## [\*R\*]Step 2. Choose Benefit Form

[\*SY\*]Because you are a beneficiary of a deceased participant who died after retirement, or are an Alternate Payee with a shared payment, the benefit type has already been selected and cannot be changed. Please click the "Next" button to move to the next step.

[\[\\*F\\*\]Top of Page](#)

[Cancel](#)

[Back](#)

[Next](#)

[\*R\*]My Pension Plan | [\*R\*]My Profile | [\*R\*]Help | [\*R\*]Log Out

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## [\*R\*]Apply for Pension Benefits [705]

[\*R\*]Step 1.  
Information  
About You

[\*R\*]Step 2.  
Choose  
Benefit Form

[\*R\*]Step 3.  
Name Your  
Beneficiary

[\*R\*]Step 4.  
Specify Tax  
Withholding

[\*R\*]Step 5.  
Identify  
Payment  
Method

[\*R\*]Step 6.  
Review and  
Submit

### [\*F\*]MyPBA Options

- > [\[\\*R\\*\]Get an Estimate of Your Benefits](#)
- > [\[\\*R\\*\]Choose Your Beneficiary](#)
- > [\[\\*F\\*\]Apply for Pension Benefits](#)

### [\*F\*]Customer Contact Center

[\*F\*]Call or Email our Customer Contact Center for assistance.

**1-800-400-7242**

[\*F\*]8 a.m. to 7 p.m. ET, Monday-Friday  
(except Federal holidays)

**TTY/ASCII (American Standard Code for Information Interchange)**  
Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

**Email**  
[mypension@pbgc.gov](mailto:mypension@pbgc.gov)

## [\*R\*]Step 3. Name Your Beneficiary

[\*R\*]PBGC will pay the person you designate below payments owed to you at the time of your death and/or for the remaining period of a Certain & Continuous benefit. If the person you designate 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.

### [\*R\*]Designation of Beneficiary

[\*R\*]PBGC may owe you payments at the time of your death. Generally, this will happen if your estimated benefit is too low. If your benefit will continue to be paid to another person after your death (as with a **joint-and-survivor or certain-and-continuous annuity**), the person receiving those continuing benefits will also receive any payments due to you at the time of your death. If there are no continuing benefits, PBGC will make any payments due to you at the time of your death to the person you designate in this section. If the beneficiary 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.

[\*F\*]Name your spouse as your beneficiary

[\*F\*]Name a person as your beneficiary

[\*F\*]Name an entity as your beneficiary

\* [\*F\*]Beneficiary's Name

\* [\*F\*]Beneficiary's Daytime Phone Number



\* [\*F\*]Beneficiary's Relationship to me

\* [\*F\*]Beneficiary's Social Security Number

\* [\*F\*]Beneficiary's Date of Birth






















[\*F\*]My beneficiary lives at my mailing address

[\*F\*]My beneficiary lives at a separate mailing address

\* [\*F\*]Beneficiary's Street Number and Name

\* Beneficiary's City

Beneficiary's State

\* [\*F\*]Beneficiary's Postal Code




[\*F\*]Beneficiary's Province (non-U.S. addresses)

\* [\*F\*]Beneficiary's Country



[^ \[\\*F\\*\]Top of Page](#)

[Cancel](#)

[Back](#)

[Next](#)

Step 4 Tax Withholding: if option B is selected, fields for that option are displayed.



[\*F\*]Last Login: 09/30/2011 at 04:24 PM

[\*R\*]My Pension Plan | [\*R\*]My Profile | [\*R\*]Help | [\*R\*]Log Out

## [\*R\*]Apply for Pension Benefits [705]

[\*R\*]Step 1. Information About You | [\*R\*]Step 2. Choose Benefit Form | [\*R\*]Step 3. Name Your Beneficiary | **[\*R\*]Step 4. Specify Tax Withholding** | [\*R\*]Step 5. Identify Payment Method | [\*R\*]Step 6. Review and Submit

### [\*R\*]Step 4. Specify Tax Withholding

[\*R\*]In general, tax laws require PBGC to withhold federal income tax from your pension payments, unless you specifically elect not to have taxes withheld.

Please read all options carefully and make your selection by **choosing one option - A, B, or C**. If you live outside the United States, you cannot choose Option A. You may change your option at any time online by selecting "Specify Tax Withholdings" under "My Plan Options" menu.

When determining your federal tax withholding, you may find it helpful to read the IRS instructions for completing the IRS Form W-4P (Withholding Certificate for Pension or Annuity Payments). You can print a copy from the IRS website, [www.irs.gov](http://www.irs.gov), under Forms and Publications at. Or, call our Customer Contact Center and we will send you a copy.

If you live outside the United States, you may be eligible for special tax treatment under a tax treaty with the country where you reside. If applicable, we will send you additional information after submission.

A [\*F\*] elect not to have federal income tax withheld. (Available to U.S. residents only)

B [\*F\*] elect to have federal income tax withheld based on IRS instructions.

**\* [\*F\*]Marital Status**  
 Single  Married

**\* [\*F\*]Number of withholding allowances**

**[\*F\*]Additional monthly amount to be withheld (optional).**  
\$  .00 per month

C [\*F\*] elect to have the following dollar amount of tax withheld for federal income tax.

[^ \[\\*F\\*\]Top of Page](#)   [Cancel](#)   [Back](#)   [Next](#)

[\*F\*]MyPBA Options  
[> \[\\*R\\*\]Get an Estimate of Your Benefits](#)  
[> \[\\*R\\*\]Choose Your Beneficiary](#)  
[> \[\\*F\\*\]Apply for Pension Benefits](#)

[\*F\*]Customer Contact Center  
[\*F\*]Call or Email our Customer Contact Center for assistance.  
**1-800-400-7242**  
[\*F\*]8 a.m. to 7 p.m. ET, Monday-Friday  
(except Federal holidays)  
**TTY/ASCII (American Standard Code for Information Interchange)**  
Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.  
**✉ [\*F\*]Email**  
[mpension@pbgc.gov](mailto:mpension@pbgc.gov)

[\*R\*]My Pension Plan | [\*R\*]My Profile | [\*R\*]Help | [\*R\*]Log Out      Privacy Policy | Disclaimer

Step 4 Tax Withholding: if option C is selected, fields for that option are displayed.

[\*F\*]Last Login: 09/30/2011 at 04:24 PM

[\*R\*]My Pension Plan

[\*R\*]My Profile

[\*R\*]Help

[\*R\*]Log Out

## [\*R\*]Apply for Pension Benefits [705]

- [\*R\*]Step 1.  
Information About You
- [\*R\*]Step 2.  
Choose Benefit Form
- [\*R\*]Step 3.  
Name Your Beneficiary
- [\*R\*]Step 4.  
Specify Tax Withholding
- [\*R\*]Step 5.  
Identify Payment Method
- [\*R\*]Step 6.  
Review and Submit

### [\*F\*]MyPBA Options

- > [\[\\*R\\*\]Get an Estimate of Your Benefits](#)
- > [\[\\*R\\*\]Choose Your Beneficiary](#)
- > [\[\\*F\\*\]Apply for Pension Benefits](#)

### [\*R\*]Step 4. Specify Tax Withholding

[\*R\*]In general, tax laws require PBGC to withhold federal income tax from your pension payments, unless you specifically elect not to have taxes withheld.

Please read all options carefully and make your selection by **choosing one option - A, B, or C**. If you live outside the United States, you cannot choose Option A. You may change your option at any time online by selecting "Specify Tax Withholdings" under "My Plan Options" menu.

When determining your federal tax withholding, you may find it helpful to read the IRS instructions for completing the IRS Form W-4P (Withholding Certificate for Pension or Annuity Payments). You can print a copy from the IRS website, [www.irs.gov](http://www.irs.gov), under Forms and Publications at. Or, call our Customer Contact Center and we will send you a copy.

If you live outside the United States, you may be eligible for special tax treatment under a tax treaty with the country where you reside. If applicable, we will send you additional information after submission.

### [\*F\*]Customer Contact Center

[\*F\*]Call or Email our Customer Contact Center for assistance.

**1-800-400-7242**

[\*F\*]8 a.m. to 7 p.m. ET, Monday-Friday  
*(except Federal holidays)*

**TTY/ASCII (American Standard Code for Information Interchange)**  
Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

**[\*F\*]Email**  
[mypension@pbgc.gov](mailto:mypension@pbgc.gov)

- A  [\*F\*] I elect not to have federal income tax withheld. (Available to U.S. residents only)
- B  [\*F\*] I elect to have federal income tax withheld based on IRS instructions.
- C  [\*F\*] I elect to have the following dollar amount of tax withheld for federal income tax.

<p>* Monthly Amount</p> <p>\$ <input style="width: 80px;" type="text"/> .00 per month</p>	OR	<p>Monthly Percentage</p> <p><input style="width: 40px;" type="text"/> %</p>
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[^ \[\\*F\\*\]Top of Page](#)
[Cancel](#)
Back
Next



## [\*R\*]Apply for Pension Benefits [705]

- [\*R\*]Step 1.  
Information About You
- [\*R\*]Step 2.  
Choose Benefit Form
- [\*R\*]Step 3.  
Name Your Beneficiary
- [\*R\*]Step 4.  
Specify Tax Withholding
- [\*R\*]Step 5.  
Identify Payment Method
- [\*R\*]Step 6.  
Review and Submit

### [\*F\*]MyPBA Options

- > [\[\\*R\\*\]Get an Estimate of Your Benefits](#)
- > [\[\\*R\\*\]Choose Your Beneficiary](#)
- > [\[\\*F\\*\]Apply for Pension Benefits](#)

### [\*R\*]Step 5. Identify Payment Method

[\*R\*]PBGC makes payments by way of **Electronic Funds Transfer (EFT)** either by Electronic Direct Deposit (EDD) or an Electronic Transfer Account (ETA), described below. EFT is safe, secure and convenient. You will get your payment on time even if you are out-of-town or unable to get to the bank.

If you **do not** have a bank account, you can open a low-cost Electronic Transfer Account (ETA) at a financial institution that offers such accounts. For more information about opening an ETA, call 1-888-362-3311 (toll-free) or visit the ETA website at [www.eta-find.gov](http://www.eta-find.gov).

**Note:** PBGC does not process EFT for financial institutions outside of the United States and its territories. If you live outside of the United States or its territories, PBGC will send your payment to your mailing address unless you have a bank account in the United States or its territories and provide the information below.

### [\*F\*]Customer Contact Center

[\*F\*]Call or Email our Customer Contact Center for assistance.

**1-800-400-7242**

[\*F\*]8 a.m. to 7 p.m. ET, Monday-Friday  
(except Federal holidays)

**TTY/ASCII (American Standard Code for Information Interchange)**  
Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

**[\*F\*]Email**  
[mypension@pbgc.gov](mailto:mypension@pbgc.gov)

#### [\*F\*]Financial Institution Information

\* [\*F\*]Name(s) on Bank Account

\* [\*F\*]Bank Account Type

#### Sample Check

JOHN DOE 0123  
1234 ANYWHERE AVE  
SMALL TOWN, VA 12345

Date \_\_\_\_\_

Pay To The Order Of \_\_\_\_\_ \$ \_\_\_\_\_ Dollars

Memo \_\_\_\_\_

\*[123456789]\*[001234567890000]\*

**Bank Routing Number**  
123456789

**Bank Account Number**  
001234567890000

\* [\*F\*]Bank Routing Number

\* [\*F\*]Bank Account Number

[\*F\*] would prefer that PBGC mail me a check instead of depositing the funds directly into my bank account

[\[\\*F\\*\]Top of Page](#)

[Cancel](#)

[Back](#)

[Next](#)

## [\*R\*] Apply for Pension Benefits [705]

- [\*R\*] Step 1.  
Information About You
- [\*R\*] Step 2.  
Choose Benefit Form
- [\*R\*] Step 3.  
Name Your Beneficiary
- [\*R\*] Step 4.  
Specify Tax Withholding
- [\*R\*] Step 5.  
Identify Payment Method
- [\*R\*] Step 6.  
Review and Submit

### [\*F\*] MyPBA Options

- > [\*F\*] [Get an Estimate of Your Benefits](#)
- > [\*F\*] [Choose Your Beneficiary](#)
- > [\*F\*] [Apply for Pension Benefits](#)

### [\*F\*] Customer Contact Center

[\*F\*] Call or Email our Customer Contact Center for assistance.

**1-800-400-7242**

[\*F\*] 8 a.m. to 7 p.m. ET, Monday-Friday  
(except Federal holidays)

**TTY (ASCII (American Standard Code for Information Interchange))**  
Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

[\*F\*] [Email mypension@pbac.gov](mailto:mypension@pbac.gov)

## [\*R\*] Step 6. Review and Submit

### [\*R\*] 1. Review Your Application

[\*R\*] It is important that you review your application before submitting. You can make changes by selecting "Edit Section".

#### [\*R\*] Step 1. Information About You [\[\\*R\\*\] Edit Section](#)

[\*R\*] Plan Participant  
[\*R\*] Your relationship to the plan participant  
[\*F\*] Date of Participant's Death

#### [\*R\*] Step 2. Choose Benefit Form [\[\\*R\\*\] Edit Section](#)

[\*R\*] Benefit Form

#### [\*R\*] Step 3. Name Your Beneficiary [\[\\*R\\*\] Edit Section](#)

[\*F\*] Beneficiary  
[\*F\*] Beneficiary's Name

#### [\*R\*] Step 4. Specify Tax Withholding [\[\\*R\\*\] Edit Section](#)

[\*R\*] Tax Withholding Option

#### [\*R\*] Step 5. Identify Payment Method [\[\\*R\\*\] Edit Section](#)

[\*F\*] Bank Routing Number  
[\*F\*] Bank Account Number  
[\*F\*] Bank Account Type  
[\*F\*] Name(s) on Bank Account

[\*R\*] I, \_\_\_\_\_ understand that under the Government Paperwork Elimination Act (Title XVII of Public Law No. 105-277), selecting the "Submit" button will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C. 1001 as a signature in ink.

Knowingly and willfully making false, fictitious, or fraudulent statements to PBGC 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 entered is true and correct.**

[\*R\*] also understand that I cannot change the form of benefit I have elected after PBGC makes my first payment.

[\*R\*] Knowingly and willfully making false, fictitious, or fraudulent statements to PBGC is a crime punishable under Title 18, Section 1001, United States Code. I declare with my signature, under penalty or perjury, that all the information I have entered is true and correct.

I, JOHANNA MCGOURTY, understand that under the Government Paperwork Elimination Act (Title XVII of Public Law No. 105-277), selecting the "Submit" button will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C. 1001 as a signature in ink.

### [\*R\*] 2. Submit Your Application

[\*R\*] In order to process your application, PBGC must have a copy of the following documents on file. If you have not already submitted copies of these documents to PBGC, you must do so before your application can be processed and your benefits can begin.

- [\*F\*] Your birth or baptism certificate, or U.S. passport
- [\*F\*] Marriage certificate
- [\*F\*] Death certificate for THOMAS MCGOURTY

[\*R\*] have, or will, mail or fax a copy of the required proof documents to PBGC.

[\[\\*F\\*\] Top of Page](#)

[Cancel](#)

[Submit](#)

# Form 706 Beneficiary Application For Pension Benefits – OF



[\*F\*]Last Login:

[\*R\*]My Pension Plan

[\*R\*]My Profile

[\*R\*]Help [↗](#)

[\*R\*]Log Out

## [\*R\*]Apply for Pension Benefits [706]

### [\*R?]\*How Do I Know if I can Apply for Pension Benefits?

[\*R\*]You can apply for pension benefits if you meet all of the following criteria:

1. You have not yet applied for benefits for the above plan,
2. You have received an online Benefit Estimate or Optional Benefit Form in the mail from PBGC defining your retirement date with estimated benefit payments, and
3. You are eligible to begin receiving your retirement benefits, under the provisions of your pension plan, within the next 90 days.

If you are not sure if you meet the criteria, call 1-800-400-7242.

Please select the option below that applies to you:

- [\*R\*]Yes, I have received a Benefit Estimate or Optional Benefit Form letter from PBGC.
- [\*R\*]No, I have not received a Benefit Estimate or Optional Benefit Form letter from PBGC.

[\*R\*]Note: If you are not sure if you have received an estimate as described above for your planned retirement date, call our Customer Contact Center at 1-800-400-7242.

### [\*R\*]What do I need to apply for pension benefits?

[\*R\*]Before starting the process, it is recommended that you review the following to be prepared:

- Your computer will need Adobe Acrobat installed and connected to a working printer to view, save, and print documents at the end of the application process. If you need this software, you can download it free from the [Adobe Web Site](#) [↗](#).
- You may be asked to mail or fax your printed application with required proof documents to complete the application process. Also, if you are married and select certain forms of benefit, you will need to obtain a notarized signature from your spouse on the printed application.
- Your beneficiary's information including their social security number, date of birth, mailing address, phone number, and email address. If your beneficiary is an entity, you will need their employer tax identification (EIN) number.
- If you choose electronic funds transfer, you will need to enter financial institution information for your electronic direct deposit.
- Information related to any court orders that mandates an alternate payee for your benefits.

### [\*R\*]Ready to Apply Online?

[^ \[\\*F\\*\]Top of Page](#)

[Cancel](#)

[\[\\*F\\*\]Start Application](#)

### [\*F\*]MyPBA Options

> [\[\\*R\\*\]Get an Estimate of Your Benefits](#)

> [\[\\*R\\*\]Choose Your Beneficiary](#)

> [\[\\*F\\*\]Apply for Pension Benefits](#)

### [\*F\*]Customer Contact Center

[\*F\*]Call or Email our Customer Contact Center for assistance.

1-800-400-7242

[\*F\*]8 a.m. to 7 p.m. ET, Monday-Friday  
(except Federal holidays)

### TTY/ASCII (American Standard Code for Information Interchange)

Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

[\*F\*]Email  
[mypension@pbgc.gov](mailto:mypension@pbgc.gov)

[\*R\*]My Pension Plan | [\*R\*]My Profile | [\*R\*]Help | [\*R\*]Log Out

[Privacy Policy](#) | [Disclaimer](#)

[\*F\*]Last Login:

[\*R\*]My Pension Plan

[\*R\*]My Profile

[\*R\*]Help

[\*R\*]Log Out

## [\*R\*]Apply for Pension Benefits [706]

[\*R\*]Step 1. Information About You

[\*R\*]Step 2. Choose Benefit Form

[\*R\*]Step 3. Name Your Beneficiary

[\*R\*]Step 4. Specify Tax Withholding

[\*R\*]Step 5. Identify Payment Method

[\*R\*]Step 6. Review and Submit

### [\*F\*]MyPBA Options

- > [[\\*R\\*](#)]Get an Estimate of Your Benefits
- > [[\\*R\\*](#)]Choose Your Beneficiary
- > [[\\*F\\*](#)]Apply for Pension Benefits

### [\*F\*]Customer Contact Center

[\*F\*]Call or Email our Customer Contact Center for assistance.

**1-800-400-7242**

[\*F\*]8 a.m. to 7 p.m. ET, Monday-Friday  
(except Federal holidays)

**TTY/ASCII (American Standard Code for Information Interchange)**

Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

**Email**  
[mypension@pbgc.gov](mailto:mypension@pbgc.gov)

## [\*R\*]Step 1. Information About You

[\*R\*]

### [\*R\*]Payee Information

[\*SY\*]Please review your personal information for accuracy. Call 1-800-400-7242 to make any corrections.

[\*F\*]First and Last Name

[\*R\*]Date of Birth

[\*F\*]Social Security Number

[\*SY\*]Please review your contact information for accuracy. Select "Edit Contact Information" to make any changes.

**Mailing Address**

**Gender**

**Daytime Phone Number**

**Evening Phone Number**

[\*F\*]Your Email Address

[\[\\*R\\*\]Edit Contact Information](#)

[\*R\*]Please enter the date you want to start your pension benefits. (This date must be the same as the one shown on your Benefit Estimate or Optional Benefit Form Letter.)

\*[\*R\*]Month

\*[\*R\*]Year

### [\*R\*]Your Relationship to Plan Participant

[\*R\*]Plan Participant

[\*R\*]Your relationship to the plan participant

\*[\*F\*]Date of Participant's Death

[^ \[\\*F\\*\]Top of Page](#)

[Cancel](#)

[Next](#)

[\*R\*]Last Login:

[\*R\*]My Pension Plan

[\*R\*]My Profile

[\*R\*]Help

[\*R\*]Log Out

## [\*R\*]Apply for Pension Benefits [706]

[\*R\*]Step 1.  
Information  
About You

[\*R\*]Step 2.  
Choose  
Benefit Form

[\*R\*]Step 3.  
Name Your  
Beneficiary

[\*R\*]Step 4.  
Specify Tax  
Withholding

[\*R\*]Step 5.  
Identify  
Payment  
Method

[\*R\*]Step 6.  
Review and  
Submit

### [\*F\*]MyPBA Options

- > [\*F\*][Get an Estimate of Your Benefits](#)
- > [\*F\*][Choose Your Beneficiary](#)
- > [\*F\*][Apply for Pension Benefits](#)

### [\*F\*]Customer Contact Center

[\*F\*]Call or Email our Customer Contact Center for assistance.

**1-800-400-7242**

[\*F\*]8 a.m. to 7 p.m. ET, Monday-Friday  
(except Federal holidays)

**TTY/ASCII (American Standard Code for Information Interchange)**  
Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

**Email**  
[my Pension@pbgc.gov](mailto:my Pension@pbgc.gov)

## [\*R\*]Step 2. Choose Benefit Form

[\*SY\*]Because you are an Alternate Payee with a separate interest, or your spouse died before retiring, you may receive your benefit in one of the benefit forms listed below. Before you choose an option below, please select "Explanation and Example" next to each form for more details. Before you choose an option, please read the examples in the [Your Benefit, Your Choice](#) booklet, and the calculations included in your benefit estimate package. The calculations show the amount you would receive under each benefit form.

### Benefit Form

- [\*R\*]A. The form your plan would pay you automatically, if different from below [\[\\*F\\*\]Description](#)
- [\*R\*]B. 5-year Certain-and-Continuous Annuity [\[\\*F\\*\]Description](#)

[\*R\*]A 5-year certain-and-continuous annuity provides a benefit for the rest of your life at an amount reduced from the straight-life annuity amount. If you die within five years after your benefit payments start, your designated beneficiary will receive the benefit for the remainder of that "certain" period. If you die after the certain period, no survivor benefit is payable. You may choose any beneficiary for your certain-and-continuous annuity, such as your spouse, another person, an estate, a trust, a church or other organization, etc. You can change this beneficiary designation at any time. If your beneficiary dies before you and before the end of the certain period, you should designate a new beneficiary. The amount of your benefit is the same regardless of whom you designate as beneficiary.

*EXAMPLE: Sam receives \$494 a month for the rest of his life. If Sam dies within five years, Carol receives \$494 a month for the remainder of the five-year period. If Sam dies after 5 years, Carol does not receive any benefits.*

- [\*R\*]C. 10-year Certain-and-Continuous Annuity [\[\\*F\\*\]Description](#)

[\*R\*]A 10-year certain-and-continuous annuity provides a benefit for the rest of your life at an amount reduced from the straight-life annuity amount. If you die within ten years after your benefit payments start, your designated beneficiary will receive the benefit for the remainder of that "certain" period. If you die after the certain period, no survivor benefit is payable. You may choose any beneficiary for your certain-and-continuous annuity, such as your spouse, another person, an estate, a trust, a church or other organization, etc. You can change this beneficiary designation at any time. If your beneficiary dies before you and before the end of the certain period, you should designate a new beneficiary. The amount of your benefit is the same regardless of whom you designate as beneficiary.

*EXAMPLE: Sam receives \$477 for the rest of his life. If Sam dies within ten years, Carol receives \$477 a month for the remainder of the ten-year period. If Sam dies after 10 years, Carol does not receive any benefits.*

- [\*R\*]D. 15-year Certain-and-Continuous Annuity [\[\\*F\\*\]Description](#)

[\*R\*]A 15-year certain-and-continuous annuity provides a benefit for the rest of your life at an amount reduced from the straight-life annuity amount. If you die within 15 years after your benefit payments start, your designated beneficiary will receive the benefit for the remainder of that "certain" period. If you die after the certain period, no survivor benefit is payable. You may choose any beneficiary for your certain-and-continuous annuity, such as your spouse, another person, an estate, a trust, a church or other organization, etc. You can change this beneficiary designation at any time. If your beneficiary dies before you and before the end of the certain period, you should designate a new beneficiary. The amount of your benefit is the same regardless of whom you designate as beneficiary.

*EXAMPLE: Sam receives \$452 a month for the rest of his life. If Sam dies within 15 years, Carol receives \$452 a month for the remainder of the 15-year period. If Sam dies after 15 years, Carol does not receive any benefits.*

- [\*R\*]E. Straight Life Annuity [\[\\*F\\*\]Description](#)

[\*R\*]A straight-life annuity provides a fixed monthly benefit for the rest of your life only. No survivor benefit will be paid upon your death.

*EXAMPLE: Sam elects a straight-life annuity, and he receives \$500 a month for the rest of his life. After Sam dies, Carol does not receive any benefits.*

[\[\\*F\\*\]Top of Page](#)

[Cancel](#)

[Back](#)

[Next](#)

[\*F\*]Last Login:

[\*R\*]My Pension Plan

[\*R\*]My Profile

[\*R\*]Help

[\*R\*]Log Out

## [\*R\*]Apply for Pension Benefits [706]

[\*R\*]Step 1.  
Information  
About You

[\*R\*]Step 2.  
Choose  
Benefit Form

[\*R\*]Step 3.  
Name Your  
Beneficiary

[\*R\*]Step 4.  
Specify Tax  
Withholding

[\*R\*]Step 5.  
Identify  
Payment  
Method

[\*R\*]Step 6.  
Review and  
Submit

### [\*F\*]MyPBA Options

- > [\*R\*]Get an Estimate of Your Benefits
- > [\*R\*]Choose Your Beneficiary
- > [\*R\*]Apply for Pension Benefits

## [\*R\*]Step 3. Name Your Beneficiary

[\*R\*]PBGC will pay the person you designate below payments owed to you at the time of your death and/or for the remaining period of a Certain & Continuous benefit. If the person you designate 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.

### [\*R\*]Designation of Beneficiary

[\*R\*]PBGC may owe you payments at the time of your death. Generally, this will happen if your estimated benefit is too low. If your benefit will continue to be paid to another person after your death (as with a **joint-and-survivor or certain-and-continuous annuity**), the person receiving those continuing benefits will also receive any payments due to you at the time of your death. If there are no continuing benefits, PBGC will make any payments due to you at the time of your death to the person you designate in this section. If the beneficiary 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.

[\*F\*]Name your spouse as your beneficiary

[\*F\*]Name a person as your beneficiary

[\*F\*]Name an entity as your beneficiary

\* [\*F\*]Beneficiary's Name

\* [\*F\*]Beneficiary's Daytime Phone Number

\* [\*F\*]Beneficiary's Relationship to me

\* [\*F\*]Beneficiary's Social Security Number

\* [\*F\*]Beneficiary's Date of Birth

2012

[\*F\*]My beneficiary lives at my mailing address

[\*F\*]My beneficiary lives at a separate mailing address

\* [\*F\*]Beneficiary's Street Number and Name

\* Beneficiary's City

Beneficiary's State

\* [\*F\*]Beneficiary's Postal Code

[\*F\*]Beneficiary's Province (non-U.S. addresses)

\* [\*F\*]Beneficiary's Country

[^ \[\\*F\\*\]Top of Page](#)

[Cancel](#)

[Back](#)

[Next](#)

### [\*F\*]Customer Contact Center

[\*F\*]Call or Email our Customer Contact Center for assistance.

**1-800-400-7242**

[\*F\*]8 a.m. to 7 p.m. ET, Monday-Friday  
(except Federal holidays)

**TTY/ASCII (American Standard Code for Information Interchange)**  
Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

**[\*F\*]Email**  
[mpension@pbgc.gov](mailto:mpension@pbgc.gov)

Step 4 Tax Withholding: if option B is selected, fields for that option are displayed.



[\*F\*]Last Login: [REDACTED][\*R\*]My Pension Plan[\*R\*]My Profile[\*R\*]Help[\*R\*]Log Out

## [\*R\*]Apply for Pension Benefits [706]

[\*R\*]Step 1.  
Information  
About You

[\*R\*]Step 2.  
Choose  
Benefit Form

[\*R\*]Step 3.  
Name Your  
Beneficiary

[\*R\*]Step 4.  
Specify Tax  
Withholding

[\*R\*]Step 5.  
Identify  
Payment  
Method

[\*R\*]Step 6.  
Review and  
Submit

### [\*R\*]Step 4. Specify Tax Withholding

[\*R\*]In general, tax laws require PBGC to withhold federal income tax from your pension payments, unless you specifically elect not to have taxes withheld.

Please read all options carefully and make your selection by **choosing one option - A, B, or C**. If you live outside the United States, you cannot choose Option A. You may change your option at any time online by selecting "Specify Tax Withholdings" under "My Plan Options" menu.

When determining your federal tax withholding, you may find it helpful to read the IRS instructions for completing the IRS Form W-4P (Withholding Certificate for Pension or Annuity Payments). You can print a copy from the IRS website, [www.irs.gov](http://www.irs.gov), under Forms and Publications at. Or, call our Customer Contact Center and we will send you a copy.

If you live outside the United States, you may be eligible for special tax treatment under a tax treaty with the country where you reside. If applicable, we will send you additional information after submission.

[\*F\*] elect not to have federal income tax withheld. (Available to U.S. residents only)

[\*F\*] elect to have federal income tax withheld based on IRS instructions.

**\* [\*F\*]Marital Status**  
 Single  Married

**\* [\*F\*]Number of withholding allowances**

**[\*F\*]Additional monthly amount to be withheld (optional).**  
\$  .00 per month

[\*F\*] elect to have the following dollar amount of tax withheld for federal income tax.

### [\*F\*]MyPBA Options

- > [\[\\*R\\*\]Get an Estimate of Your Benefits](#)
- > [\[\\*R\\*\]Choose Your Beneficiary](#)
- > [\[\\*F\\*\]Apply for Pension Benefits](#)

---

### [\*F\*]Customer Contact Center

[\*F\*]Call or Email our Customer Contact Center for assistance.

**1-800-400-7242**

[\*F\*]8 a.m. to 7 p.m. ET, Monday-Friday  
*(except Federal holidays)*

**TTY/ASCII (American Standard Code for Information Interchange)**  
Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

**[\*F\*]Email**  
[mpension@pbgc.gov](mailto:mpension@pbgc.gov)

[\[\\*F\\*\]Top of Page](#)CancelBackNext

[\*R\*]My Pension Plan | [\*R\*]My Profile | [\*R\*]Help | [\*R\*]Log Out

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Rev. 9/28/2012 - Page 23

Step 4 Tax Withholding: if option C is selected, fields for that option are displayed.



[\*F\*]Last Login: [R\*]My Pension Plan [R\*]My Profile [R\*]Help [R\*]Log Out

## [R\*]Apply for Pension Benefits [706]

[R\*]Step 1. Information About You [R\*]Step 2. Choose Benefit Form [R\*]Step 3. Name Your Beneficiary [R\*]Step 4. Specify Tax Withholding [R\*]Step 5. Identify Payment Method [R\*]Step 6. Review and Submit

### [R\*]Step 4. Specify Tax Withholding

[R\*]In general, tax laws require PBGC to withhold federal income tax from your pension payments, unless you specifically elect not to have taxes withheld.

Please read all options carefully and make your selection by **choosing one option - A, B, or C**. If you live outside the United States, you cannot choose Option A. You may change your option at any time online by selecting "Specify Tax Withholdings" under "My Plan Options" menu.

When determining your federal tax withholding, you may find it helpful to read the IRS instructions for completing the IRS Form W-4P (Withholding Certificate for Pension or Annuity Payments). You can print a copy from the IRS website, [www.irs.gov](http://www.irs.gov), under Forms and Publications at. Or, call our Customer Contact Center and we will send you a copy.

If you live outside the United States, you may be eligible for special tax treatment under a tax treaty with the country where you reside. If applicable, we will send you additional information after submission.

A [\*F\*] elect not to have federal income tax withheld. (Available to U.S. residents only)

B [\*F\*] elect to have federal income tax withheld based on IRS instructions.

C [\*F\*] elect to have the following dollar amount of tax withheld for federal income tax.

\* Monthly Amount: \$  .00 per month OR Monthly Percentage:  %

[^ \[\\*F\\*\]Top of Page](#) [Cancel](#) [Back](#) [Next](#)

[R\*]My Pension Plan | [R\*]My Profile | [R\*]Help | [R\*]Log Out Privacy Policy | Disclaimer

#### [\*F\*]MyPBA Options

- > [\[\\*R\\*\]Get an Estimate of Your Benefits](#)
- > [\[\\*R\\*\]Choose Your Beneficiary](#)
- > [\[\\*F\\*\]Apply for Pension Benefits](#)

#### [\*F\*]Customer Contact Center

[\*F\*]Call or Email our Customer Contact Center for assistance.

**1-800-400-7242**

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(except Federal holidays)

**TTY/ASCII (American Standard Code for Information Interchange)**

Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

**[\*F\*]Email**  
[mpension@pbgc.gov](mailto:mpension@pbgc.gov)



[\*F\*]Last Login:

[\*R\*]My Pension Plan

[\*R\*]My Profile

[\*R\*]Help

[\*R\*]Log Out

## [\*R\*]Apply for Pension Benefits [706]

[\*R\*]Step 1.  
Information  
About You

[\*R\*]Step 2.  
Choose  
Benefit Form

[\*R\*]Step 3.  
Name Your  
Beneficiary

[\*R\*]Step 4.  
Specify Tax  
Withholding

[\*R\*]Step 5.  
Identify  
Payment  
Method

[\*R\*]Step 6.  
Review and  
Submit

### [\*F\*]MyPBA Options

- > [\*R\*]Get an Estimate of Your Benefits
- > [\*R\*]Choose Your Beneficiary
- > [\*F\*]Apply for Pension Benefits

### [\*F\*]Customer Contact Center

[\*F\*]Call or Email our Customer Contact Center for assistance.

**1-800-400-7242**

[\*F\*]8 a.m. to 7 p.m. ET, Monday-Friday  
(except Federal holidays)

**TTY/ASCII (American Standard Code for Information Interchange)**  
Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

[\*F\*]Email  
[mypension@pbgc.gov](mailto:mypension@pbgc.gov)

## [\*R\*]Step 5. Identify Payment Method

[\*R\*]PBGC makes payments by way of **Electronic Funds Transfer (EFT)** either by Electronic Direct Deposit (EDD) or an Electronic Transfer Account (ETA), described below. EFT is safe, secure and convenient. You will get your payment on time even if you are out-of-town or unable to get to the bank.

If you **do not** have a bank account, you can open a low-cost Electronic Transfer Account (ETA) at a financial institution that offers such accounts. For more information about opening an ETA, call 1-888-362-3311 (toll-free) or visit the ETA website at [www.eta-find.gov](http://www.eta-find.gov).

**Note:** PBGC does not process EFT for financial institutions outside of the United States and its territories. If you live outside of the United States or its territories, PBGC will send your payment to your mailing address unless you have a bank account in the United States or its territories and provide the information below.

### [\*F\*]Financial Institution Information

\* [\*F\*]Name(s) on Bank Account

\* [\*F\*]Bank Account Type

#### Sample Check

JOHN DOE  
1234 ANYWHERE AVE  
SMALL TOWN, VA 12345

Date \_\_\_\_\_ 0123

Pay to the Order of \_\_\_\_\_ \$ [input]  
Dollars

Memo \_\_\_\_\_

\*[123456789]\*[001234567890000]\*

**Bank Routing Number**  
123456789

**Bank Account Number**  
001234567890000

\* [\*F\*]Bank Routing Number

\* [\*F\*]Bank Account Number

[\*F\*] would prefer that PBGC mail me a check instead of depositing the funds directly into my bank account

< [\*F\*]Top of Page

[Cancel](#)

[Back](#)

[Next](#)

## [\*R\*] Apply for Pension Benefits [706]

- [R\*] Step 1.  
Information About You
- [R\*] Step 2.  
Choose Benefit Form
- [R\*] Step 3.  
Name Your Beneficiary
- [R\*] Step 4.  
Specify Tax Withholding
- [R\*] Step 5.  
Identify Payment Method
- [R\*] Step 6.  
Review and Submit**

### [\*F\*] MyPBA Options

- [\[\\*F\\*\] Get an Estimate of Your Benefits](#)
- [\[\\*F\\*\] Choose Your Beneficiary](#)
- [\[\\*F\\*\] Apply for Pension Benefits](#)

### [\*F\*] Customer Contact Center

[\*F\*] Call or Email our Customer Contact Center for assistance.

**1-800-400-7242**

[\*F\*] 8 a.m. to 7 p.m. ET, Monday-Friday  
(except Federal holidays)

**TTY/ASCII (American Standard Code for Information Interchange)**  
Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

**Email**  
[mpension@pbac.gov](mailto:mpension@pbac.gov)

## [\*R\*] Step 6. Review and Submit

### [\*R\*] 1. Review Your Application

[\*R\*] It is important that you review your application before submitting. You can make changes by selecting "Edit Section".

#### [\*R\*] Step 1. Information About You [\[\\*R\\*\] Edit Section](#)

[R*] Plan Participant	[REDACTED]
[R*] Your relationship to the plan participant	[REDACTED]
[F*] Date of Participant's Death	[REDACTED]

#### [\*R\*] Step 2. Choose Benefit Form [\[\\*R\\*\] Edit Section](#)

[R*] Benefit Form	[REDACTED]
-------------------	------------

#### [\*R\*] Step 3. Name Your Beneficiary [\[\\*R\\*\] Edit Section](#)

[F*] Beneficiary	[REDACTED]
[F*] Beneficiary's Name	[REDACTED]

#### [\*R\*] Step 4. Specify Tax Withholding [\[\\*R\\*\] Edit Section](#)

[R*] Tax Withholding Option	[REDACTED]
-----------------------------	------------

#### [\*R\*] Step 5. Identify Payment Method [\[\\*R\\*\] Edit Section](#)

[F*] Bank Routing Number	[REDACTED]
[F*] Bank Account Number	[REDACTED]
[F*] Bank Account Type	[REDACTED]
[F*] Name(s) on Bank Account	[REDACTED]

[\*R\*] I, [REDACTED], understand that under the Government Paperwork Elimination Act (Title XVII of Public Law No. 105-277), selecting the "Submit" button will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C 1001 as a signature in ink.

Knowingly and willfully making false, fictitious, or fraudulent statements to PBGC 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 entered is true and correct.**

[\*R\*] also understand that I cannot change the form of benefit I have elected after PBGC makes my first payment.

[\*R\*] knowingly and willfully making false, fictitious, or fraudulent statements to PBGC is a crime punishable under Title 18, Section 1001, United States Code. I declare with my signature, under penalty or perjury, that all the information I have entered is true and correct.

I, [REDACTED], understand that under the Government Paperwork Elimination Act (Title XVII of Public Law No. 105-277), selecting the "Submit" button will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C 1001 as a signature in ink.

### [\*R\*] 2. Submit Your Application

[\*R\*] In order to process your application, PBGC must have a copy of the following documents on file. If you have not already submitted copies of these documents to PBGC, you must do so before your application can be processed and your benefits can begin.

- [\*F\*] Your birth or baptism certificate, or U.S. passport
- [\*F\*] Marriage certificate
- [\*F\*] Death certificate for MICHELINO TARALLO

[\*R\*] I have, or will, mail or fax a copy of the required proof documents to PBGC.

[\[\\*F\\*\] Top of Page](#)

[Cancel](#)

[Submit](#)

# Form 707 Designation of Beneficiary for Benefits Owed at Death



[\*F\*]Last Login: 09/25/2012 at 02:30 PM

[\*R\*]My Profile    [\*R\*]Help    [\*R\*]Log Out

## [\*R\*]Choose Your Beneficiary

[\*F\*]Why do I need to designate a beneficiary?

[\*R\*]PBGC may owe you money at the time of your death. Typically, this happens if your final benefit is higher than the estimated benefit we had been paying. If another person continues to receive your benefit after your death (as with a **joint-and-survivor or certain-and-continuous annuity**), PBGC will pay any money owed to that person. If there are no continuing benefits or the person designated to receive continuing benefits dies before you, PBGC will pay any money owed you at the time of your death to the person(s) and/or entity(ies) (such as a trust, church, estate or other organization) that you designate in this section. If you do not make a designation, or if the beneficiary is a person and dies before you, PBGC will pay the money in this order to: your spouse, your children, your parents, your estate, or your next of kin.

I name the person and/or entity below as my beneficiary. **This designation replaces any previous designation and will be effective only when PBGC receives it.**

**\*=Required**

### [\*F\*]Beneficiary Contact Information

\* [\*F\*]Beneficiary's Name    \* [\*F\*]Beneficiary's Daytime Phone Number

  

[\*F\*]My beneficiary lives at my mailing address

[\*F\*]My beneficiary lives at a separate mailing address

\* [\*F\*]Beneficiary's Street Number and Name

\* Beneficiary's City    \* Beneficiary's State    \* [\*F\*]Beneficiary's Postal Code

      

\* [\*F\*]Beneficiary's Province (non-U.S. addresses)    \* [\*F\*]Beneficiary's Country

### Beneficiary Type

My beneficiary is a person

\* [\*F\*]Beneficiary's Relationship to me    \* [\*F\*]Beneficiary's Social Security Number    \* [\*F\*]Beneficiary's Date of Birth

          

My beneficiary is something other than a person

[\*R\*]

I, \_\_\_\_\_, understand that under the Government Paperwork Elimination Act (Title XVII of Public Law No. 105-277), selecting the "Submit" button will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C 1001 as a signature in ink.

Knowingly and willfully making false, fictitious, or fraudulent statements to PBGC 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 entered is true and correct.**

[^ \[\\*F\\*\]Top of Page](#)    [Cancel](#)    [Submit](#)

### [\*F\*]MyPBA Options

- > [\*R\*]Choose Your Beneficiary
- > [\*R\*]Provide Direct Deposit (EDD) Information
- > [\*R\*]Specify Tax Withholdings
- > [\*R\*]Your Benefit Payment History
- > [\*R\*]Your 1099 Tax Form

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### [\*F\*]Customer Contact Center

[\*F\*]Call or Email our Customer Contact Center for assistance.

**1-800-400-7242**

[\*F\*]8 a.m. to 7 p.m. ET, Monday-Friday  
*(except Federal holidays)*

**TTY/ASCII (American Standard Code for Information Interchange)**  
Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

**Email**  
[mypension@pbgc.gov](mailto:mypension@pbgc.gov)

[\*R\*]My Pension Plans | [\*R\*]My Profile | [\*R\*]Help | [\*R\*]Log Out

Privacy Policy | Disclaimer

# Form 708 Designation of Beneficiary



[\*F\*]Last Login: 09/25/2012 at 01:33 PM

[\*R\*]My Profile

[\*R\*]Help

[\*R\*]Log Out

## [\*R\*]Choose Your Beneficiary

### [\*F\*]Why do I need to designate a beneficiary?

[\*R\*]If there are payments owed to you at the time of your death, PBGC will pay them to the person and/or entity (such as a trust, church, estate or other organization) that you designate below. If you do not make a designation, or if the beneficiary is a person and dies before you, PBGC will pay any money we owe you in this order to: your spouse, your children, your parents, your estate, or your next of kin.

I name the person or entity below as my beneficiary. **This designation replaces any previous designation and will be effective only when PBGC receives it.**

\*=Required

### [\*F\*]Beneficiary Contact Information

\* [\*F\*]Beneficiary's Name  \* [\*F\*]Beneficiary's Daytime Phone Number

- [\*F\*]My beneficiary lives at my mailing address
- [\*F\*]My beneficiary lives at a separate mailing address

\* [\*F\*]Beneficiary's Street Number and Name

\* Beneficiary's City  \* Beneficiary's State

\* [\*F\*]Beneficiary's Province (non-U.S. addresses)  \* [\*F\*]Beneficiary's Country

### Beneficiary Type

My beneficiary is a person

\* [\*F\*]Beneficiary's Relationship to me  \* [\*F\*]Beneficiary's Social Security Number  \* [\*F\*]Beneficiary's Date of Birth

My beneficiary is something other than a person

[\*R\*]

I, [redacted] understand that under the Government Paperwork Elimination Act (Title XVII of Public Law No. 105-277), selecting the "Submit" button will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C 1001 as a signature in ink.

Knowingly and willfully making false, fictitious, or fraudulent statements to PBGC 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 entered is true and correct.

[^ \[\\*F\\*\]Top of Page](#)

[Cancel](#)

[Submit](#)

### [\*F\*]MyPBA Options

- [> \[\\*R\\*\]Get an Estimate of Your Benefits](#)
- [> \[\\*R\\*\]Choose Your Beneficiary](#)
- [> \[\\*F\\*\]Apply for Pension Benefits](#)

### [\*F\*]Customer Contact Center

[\*F\*]Call or Email our Customer Contact Center for assistance.

**1-800-400-7242**

[\*F\*]8 a.m. to 7 p.m. ET, Monday-Friday  
(except Federal holidays)

**TTY/ASCII (American Standard Code for Information Interchange)**  
Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

**✉ [\*F\*]Email**  
[mpension@pbgc.gov](mailto:mpension@pbgc.gov)

# Form 711 Change of Beneficiary for Certain & Continuous (C&C) Benefits Only



[\*F\*]Last Login: 09/28/2012 at 12:26 PM

[\*R\*]My Profile

[\*R\*]Help

[\*R\*]Log Out

## [\*R\*]Name a New Beneficiary

[\*F\*]MyPBA Options

### [\*F\*]Why do I need to designate a beneficiary?

[\*R\*]If you are receiving a Certain & Continuous annuity, you may change your beneficiary. If you die before the certain period ends, any remaining payments will go to the person or entity (such as a trust, church, estate or other organization) that you designate. If you do not make a designation, or if the beneficiary is a person and dies before you, PBGC will pay the amount we owe in this order to: your spouse, your children, your parents, your estate, or your next of kin.

\*=Required

### [\*F\*]Beneficiary's Contact Information

* [*F*]Beneficiary's Name	* [*F*]Beneficiary's Daytime Phone Number
<input type="text"/>	<input type="text"/>
<input type="radio"/> [*F*]My beneficiary lives at my mailing address	
<input checked="" type="radio"/> [*F*]My beneficiary lives at a separate mailing address	
<input type="checkbox"/> Click the box if you need to enter an international address	
* [*F*]Beneficiary's Street Number and Name	
<input type="text"/>	
* Beneficiary's City	* Beneficiary's State
<input type="text"/>	<input type="text"/>
* [*F*]Beneficiary's Postal Code	
<input type="text"/>	

### Beneficiary Type

<input checked="" type="radio"/> My beneficiary is a person		
* [*F*]Beneficiary's Relationship to me	* [*F*]Beneficiary's Social Security Number	* [*F*]Beneficiary's Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> My beneficiary is something other than a person		

[\*F\*]  
I, \_\_\_\_\_ understand that under the Government Paperwork Elimination Act (Title XVII of Public Law No. 105-277), selecting the "Submit" button will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C. 1001 as a signature in ink.  
Knowingly and willfully making false, fictitious, or fraudulent statements to PBGC 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 entered is true and correct.

[\[\\*F\\*\]Top of Page](#)

[Cancel](#)

[Submit](#)

[\*F\*]Change Your Beneficiary

### [\*F\*]Customer Contact Center

[\*F\*]Call or Email our Customer Contact Center for assistance.

1-800-400-7242

[\*F\*]8 a.m. to 7 p.m. ET, Monday-Friday (except Federal holidays)

TTY/ASCII (American Standard Code for Information Interchange)  
Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

[\*F\*]Email  
[mypension@pbgc.gov](mailto:mypension@pbgc.gov)

[\*R\*]My Pension Plans | [\*R\*]My Profile | [\*R\*]Help | [\*R\*]Log Out

[Privacy Policy](#) | [Disclaimer](#)

# Form 716 Continuous Eligibility Certification



[\*F\*]Last Login: 09/28/2012 at 03:46 PM

[\*R\*]My Profile

[\*R\*]Help

[\*R\*]Log Out

## [\*R\*]Certification of Social Security Disability Status

[\*F\*]MyPBA Options

[\*R\*]PBGC needs your certification to determine whether to continue paying your current benefit amount. If you have questions, call our Customer Contact Center at 1-800-400-7242.

### [\*F\*]Information About You

[\*F\*]Please review your personal information for accuracy. Call 1-800-400-7242 to make any corrections.

[\*F\*]First and Last Name

[\*R\*]Date of Birth

[\*F\*]Social Security Number

[\*F\*]Please review your contact information. Select "Edit Contact Information" to make any changes.

Mailing Address

Gender

Daytime Phone Number

Evening Phone Number

[\*F\*]Your Email Address

[\*F\*]Edit Contact Information

[\*F\*]Certify Social Security Disability

### Certification

Select the option below that describes your current disability status.

[\*R\*]Yes, I certify that I am still eligible for Social Security disability benefits

[\*R\*]No, I certify that I am no longer eligible for Social Security disability benefits

[\*TODO\*]

\* Effective Date No Longer Disabled

Month and Year dropdowns

[\*R\*] I understand that in the future I may be required to provide supporting documentation.

[\*F\*]

I, [redacted], understand that under the Government Paperwork Elimination Act (Title XVII of Public Law No. 105-277), selecting the "Submit" button will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C 1001 as a signature in ink.

Knowingly and willfully making false, fictitious, or fraudulent statements to PBGC 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 entered is true and correct.

[\*F\*]Top of Page

Cancel

Submit

### [\*F\*]Customer Contact Center

[\*F\*]Call or Email our Customer Contact Center for assistance.

1-800-400-7242

[\*F\*]8 a.m. to 7 p.m. ET, Monday-Friday (except Federal holidays)

TTY/ASCII (American Standard Code for Information Interchange)  
Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

[\*F\*]Email  
mypension@pbcc.gov

[\*R\*]My Pension Plans | [\*R\*]My Profile | [\*R\*]Help | [\*R\*]Log Out

Privacy Policy | Disclaimer

# Form 716A Continuous Eligibility Certification



[\*F\*]Last Login: 09/28/2012 at 03:46 PM

[\*R\*]My Profile    [\*R\*]Help ⌵    [\*R\*]Log Out

## [\*R\*]Certification of Pension Plan Disability Status

[\*R\*]PBGC needs your certification to determine whether to continue paying your current benefit amount. If you have questions, call our Customer Contact Center at 1-800-400-7242.

### [\*F\*]Information About You

[\*F\*]Please review your personal information for accuracy. Call 1-800-400-7242 to make any corrections.

[\*F\*]First and Last Name    [\*R\*]Date of Birth  
[\*F\*]Social Security Number

[\*F\*]Please review your contact information. Select "Edit Contact Information" to make any changes.

Mailing Address    Gender  
Daytime Phone Number    Evening Phone Number  
[\*F\*]Your Email Address

[\[\\*F\\*\]Edit Contact Information](#)

### Certification

Select the option below that describes your current disability status.

[\*R\*]Yes, I certify that I am still disabled as previously determined under my pension plan

[\*R\*]No, I certify that I am no longer disabled as previously determined under my pension plan

[\*F\*]Effective Date No Longer Disabled

Effective Date: [ ] [ ] [ ] [ ] [ ] [ ]

[\*R\*] understand that in the future I may be required to provide supporting documentation.

[\*F\*] I, [ ] understand that under the Government Paperwork Elimination Act (Title XVII of Public Law No. 105-277), selecting the "Submit" button will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C. 1001 as a signature in ink.

Knowingly and willfully making false, fictitious, or fraudulent statements to PBGC 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 entered is true and correct.

[\[\\*F\\*\]Top of Page](#)    [Cancel](#)    [Submit](#)

### [\*F\*]MyPBA Options

- [\[\\*F\\*\]Certify Disability Status](#)

### [\*F\*]Customer Contact Center

[\*F\*]Call or Email our Customer Contact Center for assistance.

**1-800-400-7242**

[\*F\*]8 a.m. to 7 p.m. ET, Monday-Friday  
(except Federal holidays)

**TTY/ASCII (American Standard Code for Information Interchange)**  
Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

[\[\\*F\\*\]Email  
mypension@pbgc.gov](mailto:mypension@pbgc.gov)

[\*R\*]My Pension Plans | [\*R\*]My Profile | [\*R\*]Help | [\*R\*]Log Out    Privacy Policy | Disclaimer





# Form 720 Application for Lump-Sum Payment

Lump sum Payment Election: if option A is selected, fields for that option are displayed.



[[\*]]\_last Login: 09/25/2012 at 12:43 PM    [[\*]]My Pension Plan    [[\*]]My Profile    [[\*]]Help    [[\*]]Log Out

## [[\*R\*]]Apply for Pension Benefits [720]

[[\*S\*]]Use this form to request a lump-sum payment.

### [[\*R\*]]Payee Information

[[\*S\*]]Please review your personal information for accuracy. Call 1-800-400-7242 to make any corrections.

[[\*F\*]]First and Last Name    [[\*F\*]]Date of Birth  
[[\*F\*]]Social Security Number

[[\*S\*]]Please review your contact information for accuracy. Select "Edit Contact Information" to make any changes.

**Mailing Address**  
Gender  
Daytime Phone Number  
Evening Phone Number  
[[\*F\*]]Your Email Address

[\[\[\\*R\\*\]\]Edit Contact Information](#)

If you are the participant and worked after the date the plan terminated, what year did you stop working for the employer who sponsored your pension plan?

Year Stopped Working

### [[\*R\*]]Customer Contact Center

[[\*F\*]]Call or Email our Customer Contact Center for assistance.  
**1-800-400-7242**  
[[\*F\*]]8 a.m. to 7 p.m. ET, Monday-Friday (except Federal holidays)  
**TTY: ASCII (American Standard Code for Information Interchange)**  
Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.  
[[\*F\*]]Email: [my Pension@pbac.gov](mailto:my Pension@pbac.gov)

### [[\*R\*]]MyPBA Options

- [[\*R\*]]Get an Estimate of Your Benefits
- [[\*R\*]]Choose Your Beneficiary
- [[\*R\*]]Apply for Pension Benefits

### [[\*R\*]]Lump-sum Payment Election

[[\*S\*]]Your lump-sum benefit amount is \$3,186.00, not including interest. Please review the [Special Tax Notice Regarding Non-Periodic PBGC Payments](#) document and be sure you understand the tax implications of electing to have PBGC send your lump-sum payment directly to you or to an eligible retirement plan (an individual retirement account, an individual annuity, or a qualified trust or annuity plan).

A. [[\*R\*]]Send the entire lump-sum payment, plus interest, directly to an eligible retirement plan. I understand that PBGC will not withhold taxes from my payment.

[[\*F\*]]Name of Eligible Retirement Plan

Type of Plan or IRA  
 Traditional IRA  
 Roth IRA  
 Other eligible retirement plan

[[\*F\*]]Account Number

[[\*F\*]]Name of Entity    Daytime Phone Number  
   

Mailing Address

City    State  
   

[[\*F\*]]Province (non-U.S. addresses)    [[\*F\*]]Postal Code    Country  
       

B. [[\*R\*]] want PBGC to send the entire lump-sum payment, plus interest, directly to me. I understand that PBGC will withhold 20% from this payment for income taxes.

C. [[\*R\*]] want PBGC to send a portion of the lump-sum payment, plus interest, directly to an eligible retirement plan, and to send a portion directly to me.

[[\*R\*]] have reviewed the [Special Tax Notice Regarding PBGC Non-Periodic Payments](#)

[[\*R\*]] have, or will, mail or fax a copy of the required proof documents to PBGC.

[[\*R\*]]  
I, \_\_\_\_\_ understand that under the Government Paperwork Elimination Act (Title XVII of Public Law No. 105-277), selecting the "Submit" button will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C. 1001 as a signature in ink.

Knowingly and willfully making false, fictitious, or fraudulent statements to PBGC 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 entered is true and correct.

[^ \[\[\\*F\\*\]\]Top of Page](#)    [Cancel](#)    [Submit](#)

[[\*R\*]]My Pension Plan    [[\*R\*]]My Profile    [[\*R\*]]Help    [[\*R\*]]Log Out    [Privacy Policy](#)    [Disclaimer](#)



Lump sum Payment Election: if option C is selected, fields for that option are displayed.



[\*] Last Login: 09/25/2012 at 12:43 PM
[\*R] My Pension Plan
[\*R] My Profile
[\*R] Help
[\*R] Log Out

## [\*R\*] Apply for Pension Benefits [720]

THE RETIREMENT PLAN FOR EMPLOYEES OF MARSON CORPORATION AND MARSON FASTENER CORPORATION AND THEIR DOMESTIC SUBSIDIARIES

[\*S\*] Use this form to request a lump-sum payment.

### [\*R\*] Payee Information

[\*S\*] Please review your personal information for accuracy. Call 1-800-400-7242 to make any corrections.

[\*F] First and Last Name

[\*R] Date of Birth

[\*F] Social Security Number

---

[\*S\*] Please review your contact information for accuracy. Select "Edit Contact Information" to make any changes.

**Mailing Address**

Gender

Daytime Phone Number

Evening Phone Number

[\*F] Your Email Address

[\[\\*R\] Edit Contact Information](#)

If you are the participant and worked after the date the plan terminated, what year did you stop working for the employer who sponsored your pension plan?

**Year Stopped Working**

### [\*R\*] Lump-sum Payment Election

[\*S\*] Your lump-sum benefit amount is \$3,186.00, not including interest. Please review the [Special Tax Notice Regarding Non-Periodic PBGC Payments](#) document and be sure you understand the tax implications of electing to have PBGC send your lump-sum payment directly to you or to an eligible retirement plan (an individual retirement account, an individual annuity, or a qualified trust or annuity plan).

A [\*R] Send the entire lump-sum payment, plus interest, directly to an eligible retirement plan. I understand that PBGC will not withhold taxes from my payment.

B [\*R] I want PBGC to send the entire lump-sum payment, plus interest, directly to me. I understand that PBGC will withhold 20% from this payment for income taxes.

C [\*R] I want PBGC to send a portion of the lump-sum payment, plus interest, directly to an eligible retirement plan, and to send a portion directly to me.

[\*S\*] Please enter the dollar amount below to indicate how much of the lump-sum payment to send directly to you. The remaining amount will be sent to the eligible retirement plan you specify below. Note that the amount sent to the retirement plan must be at least \$500.

[\*R] Amount I want PBGC to send directly to me \$

[\*R] Amount I want PBGC to send to an eligible retirement plan \$

[\*R] Name of Eligible Retirement Plan

[\*R] Type of Plan or IRA

Traditional IRA

Roth IRA

Other eligible retirement plan

[\*R] Account Number

[\*F] Name of Entity  Daytime Phone Number

Mailing Address

City  State

[\*R] Province (non-U.S. addresses)  [\*F] Postal Code  Country

[\*R] I have reviewed the [Special Tax Notice Regarding PBGC Non-Periodic Payments](#)

[\*R] I have, or will, mail or fax a copy of the required proof documents to PBGC.

[\*R] I,  understand that under the Government Paperwork Elimination Act (Title X)(ii) of Public Law No. 105-277, selecting the "Submit" button will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C. 1001 as a signature in ink.

Knowingly and willfully making false, fictitious, or fraudulent statements to PBGC 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 entered is true and correct.**

[\[\\*F\] Top of Page](#)

### [\*F\*] MyPBA Options

- [\[\\*F\\*\] Get an Estimate of Your Benefits](#)
- [\[\\*F\\*\] Choose Your Beneficiary](#)
- [\[\\*F\\*\] Apply for Pension Benefits](#)

---

### [\*F\*] Customer Contact Center

[\*F\*] Call or Email our Customer Contact Center for assistance.

**1-800-400-7242**

[\*F\*] 8 a.m. to 7 p.m. ET, Monday-Friday  
*(except Federal holidays)*

**TTY/ASCH (American Standard Code for Information Interchange)**  
Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

[\[\\*F\] Email my pension@pbgc.gov](mailto:my pension@pbgc.gov)

[\*R] My Pension Plan | [\*R] My Profile | [\*R] Help | [\*R] Log Out
Privacy Policy | Disclaimer

## **Update Electronic Direct Deposit Screen**

[\*F\*]Last Login: 09/28/2012 at 09:10 AM

[\*R\*]My Pension Plan

[\*R\*]My Profile

[\*R\*]Help

[\*R\*]Log Out

## [\*F\*]Electronic Direct Deposit

### LTV STEEL HOURLY PENSION PLAN

[\*F\*]Please enter your information to have PBGC send your pension benefit payments directly to your financial institution through electronic direct deposit (EDD) or to an electronic transfer account (ETA). If you wish to cancel your EDD or ETA, call PBGC at 1-800-400-7242.

#### [\*F\*]Financial Institution Information

[\*F\*]Please provide the information below to have your payment sent directly to a financial institution. The information is available from your financial institution or can be found on your checks, account statement, or deposit slip. If you are unsure of the routing number or your account number, contact your financial institution. You can cancel or change this arrangement by calling PBGC. The financial institution can cancel it by sending you a written notice.

\* [\*F\*]Name(s) on Bank Account

\* [\*F\*]Bank Account Type

#### Sample Check

JOHN DOE 0123  
1234 ANYWHERE AVE  
SMALL TOWN, VA 12345  
Date \_\_\_\_\_  
Pay To The Order Of \_\_\_\_\_ \$ \_\_\_\_\_ Dollars  
Memo \_\_\_\_\_  
⑆1 234 567 89 ⑆001234567890000⑆

<b>Bank Routing Number</b> 1 234 5 6 7 8 9	<b>Bank Account Number</b> 0 0 1 2 3 4 5 6 7 8 9 0 0 0 0
---	---

\* [\*F\*]Bank Routing Number

\* [\*F\*]Bank Account Number

[\*F\*]

I, \_\_\_\_\_ understand that under the Government Paperwork Elimination Act (Title XVII of Public Law No. 105-277), selecting the "Submit" button will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C 1001 as a signature in ink.

Knowingly and willfully making false, fictitious, or fraudulent statements to PBGC 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 entered is true and correct.

[^ \[\\*F\\*\]Top of Page](#)

[Cancel](#)

[Submit](#)

#### [\*F\*]MyPBA Options

- > [\[\\*F\\*\]Name Your Beneficiary](#)
- > [\[\\*F\\*\]Provide Direct Deposit \(EDD\) Information](#)
- > [\[\\*F\\*\]Specify Tax Withholdings](#)
- > [\[\\*R\\*\]Your Benefit Payment History](#)
- > [\[\\*R\\*\]Your 1099 Tax Form](#)

#### [\*F\*]Customer Contact Center

[\*F\*]Call or Email our Customer Contact Center for assistance.

**1-800-400-7242**

[\*F\*]8 a.m. to 7 p.m. ET, Monday-Friday  
(except Federal holidays)

#### TTY/ASCII (American Standard Code for Information Interchange)

Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

✉ [\*F\*]Email  
[mypension@pbgc.gov](mailto:mypension@pbgc.gov)

# Election to Withhold Federal Income Tax from Periodic Payments Screen

Tax Withholding: if option B is selected, fields for that option are displayed.



[\*F\*]Last Login: 09/28/2012 at 09:10 AM

[\*R\*]My Pension Plan | [\*R\*]My Profile | [\*R\*]Help | [\*R\*]Log Out

## [\*F\*]Federal Income Tax Withholding

[\*F\*]We will withhold federal income tax from your pension benefit payment unless you instruct us not to do so. You have three choices. Please read them carefully and make your selection. You may change your option at any time. If you do not choose an option and submit this form, we will withhold federal income taxes as if you were a married individual with three allowances.

If you live outside the United States, you may be eligible for special tax treatment under a tax treaty with the country where you reside. If applicable, we will send you additional information after submission.

When determining your federal tax withholding, you may find it helpful to read the IRS instructions for completing the IRS Form W-4P (Withholding Certificate for Pension or Annuity Payments). You can print a copy from the IRS website, [www.irs.gov](http://www.irs.gov), under Forms and Publications at. Or, call our Customer Contact Center and we will send you a copy.

A [\*F\*] elect not to have federal income tax withheld. (Available to U.S. residents only)

B [\*F\*] elect to have federal income tax withheld based on IRS instructions.

[\*F\*]It is possible that we will not withhold any federal income tax with this option – if, for example, your benefit is low or if you claim a large number of allowances. You may increase the amount we withhold by claiming fewer allowances, by having additional money withheld, or by electing option C.

\* [\*F\*]Marital Status  
 Single  Married

\* [\*F\*]Number of withholding allowances

[\*F\*]Additional monthly amount to be withheld (optional).  
\$

C [\*F\*] elect to have the following dollar amount of tax withheld for federal income tax.

[\*F\*]  
I, \_\_\_\_\_, understand that under the Government Paperwork Elimination Act (Title XVII of Public Law No. 105-277), selecting the "Submit" button will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C 1001 as a signature in ink.

Knowingly and willfully making false, fictitious, or fraudulent statements to PBGC 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 entered is true and correct.**

[^ \[\\*F\\*\]Top of Page](#)      [Cancel](#)      [Submit](#)

### [\*F\*]MyPBA Options

- > [\[\\*F\\*\]Name Your Beneficiary](#)
- > [\[\\*F\\*\]Provide Direct Deposit \(EDD\) Information](#)
- > [\[\\*F\\*\]Specify Tax Withholdings](#)
- > [\[\\*R\\*\]Your Benefit Payment History](#)
- > [\[\\*R\\*\]Your 1099 Tax Form](#)

### [\*F\*]Customer Contact Center

[\*F\*]Call or Email our Customer Contact Center for assistance.

**1-800-400-7242**

[\*F\*]8 a.m. to 7 p.m. ET, Monday-Friday  
*(except Federal holidays)*

**TTY/ASCII (American Standard Code for Information Interchange)**  
Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

✉ [\*F\*]Email  
[mypension@pbgc.gov](mailto:mypension@pbgc.gov)

[\*R\*]My Pension Plan | [\*R\*]My Profile | [\*R\*]Help | [\*R\*]Log Out

Privacy Policy | Disclaimer

Tax Withholding: if option C is selected, fields for that option are displayed.



[\*F\*]Last Login: 09/28/2012 at 09:10 AM

[\*R\*]My Pension Plan | [\*R\*]My Profile | [\*R\*]Help [↗](#) | [\*R\*]Log Out

## [\*F\*]Federal Income Tax Withholding

[\*F\*]We will withhold federal income tax from your pension benefit payment unless you instruct us not to do so. You have three choices. Please read them carefully and make your selection. You may change your option at any time. If you do not choose an option and submit this form, we will withhold federal income taxes as if you were a married individual with three allowances.

If you live outside the United States, you may be eligible for special tax treatment under a tax treaty with the country where you reside. If applicable, we will send you additional information after submission.

When determining your federal tax withholding, you may find it helpful to read the IRS instructions for completing the IRS Form W-4P (Withholding Certificate for Pension or Annuity Payments). You can print a copy from the IRS website, [www.irs.gov](http://www.irs.gov), under Forms and Publications at. Or, call our Customer Contact Center and we will send you a copy.

A [\*F\*] elect not to have federal income tax withheld. (Available to U.S. residents only)

B [\*F\*] elect to have federal income tax withheld based on IRS instructions.

C [\*F\*] elect to have the following dollar amount of tax withheld for federal income tax.

[\*F\*]If the amount of your estimated tax or your withholding is too low, you may also have to pay IRS penalties. You may wish to consult a tax specialist or the IRS about your decision.

\* Monthly Amount

\$  .00 per month

[\*F\*]

I, , understand that under the Government Paperwork Elimination Act (Title XVII of Public Law No. 105-277), selecting the "Submit" button will be deemed the equivalent of my handwritten signature and as binding under 18 U.S.C 1001 as a signature in ink.

Knowingly and willfully making false, fictitious, or fraudulent statements to PBGC 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 entered is true and correct.**

[^ \[\\*F\\*\]Top of Page](#) [Cancel](#)

### [\*F\*]MyPBA Options

- > [\[\\*F\\*\]Name Your Beneficiary](#)
- > [\[\\*F\\*\]Provide Direct Deposit \(EDD\) Information](#)
- > [\[\\*F\\*\]Specify Tax Withholdings](#)
- > [\[\\*R\\*\]Your Benefit Payment History](#)
- > [\[\\*R\\*\]Your 1099 Tax Form](#)

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### [\*F\*]Customer Contact Center

[\*F\*]Call or Email our Customer Contact Center for assistance.

**☎ 1-800-400-7242**

[\*F\*]8 a.m. to 7 p.m. ET, Monday-Friday  
*(except Federal holidays)*

**TTY/ASCII (American Standard Code for Information Interchange)**  
Call 1-800-877-8339 and ask to be connected to 1-800-400-7242.

✉ [\*F\*]Email  
[mypension@pbgc.gov](mailto:mypension@pbgc.gov)

[\*R\*]My Pension Plan | [\*R\*]My Profile | [\*R\*]Help | [\*R\*]Log Out

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