



# Participant Application for Pension Benefits

PBGC Form 700

Pension Benefit Guaranty Corporation.  
P.O. Box 151750, Alexandria, Virginia 22315-1750

For assistance, call 1-800-400-7242

Plan Name:  
Plan Number:  
Date Printed:  
Date of Plan Termination:

Participant Name:

**INSTRUCTIONS:** Please complete this form to apply for your pension benefits. **For those items marked "Proof Required", enclose a copy of the appropriate document if you have not already sent it to us.** Acceptable documents for proof of age include your birth or baptism certificate, or U.S. passport; for marriage, a marriage certificate. Please make sure that proof documents are legible before sending to PBGC. If you have questions about other acceptable documents, call our Customer Contact Center at 1-800-400-7242. **Print clearly with blue or black ink.**

## 1. General information about you

Last Name										First Name														
Middle Name					Other last name(s) used																			
Social Security Number					Date of Birth (Copy of Proof Required)					Gender					MALE <input type="checkbox"/>									
					/ /										FEMALE <input type="checkbox"/>									
Mailing Address										Apartment / Route Number														
City										State					Zip Code									
Country										Email														
Daytime Phone					Extension					Evening Phone														
( ) - x										( ) -														
Please enter your actual retirement date (ARD) using the date from the															/ /									
Optional Benefit Form that provides the amounts of your benefit options.															Month					Year				
This is the first date as of which you will receive benefits, your first payment date may be later. .																								
Will you be employed on the date above?															Yes <input type="checkbox"/>					No <input type="checkbox"/>				
Employer Name:																								
City															State									
If you are employed by the company that sponsored your pension plan on your actual retirement date, contact PBGC to confirm your eligibility before submitting this application. If you return to work for the company that sponsored your pension plan, notify PBGC immediately.																								
<b>CONTINUE ON BACK</b>																								



Plan Number:

Participant Name:

4. Spousal consent to elected form of benefit and beneficiary.

If you are married, and chose Benefit Form B (page 2), leave this section blank.

If you are married and did not choose Benefit Form B (page 2), your spouse must consent to your choice by signing below. Your spouse's consent must be signed in the presence of or acknowledged by a notary public.

If your spouse does not consent, PBGC will not begin to pay your benefit.

By signing below, I consent to my spouse's election of the benefit form checked in section 3 and the beneficiary designated in section 5. My consent is voluntary. I have read and I understand the information provided with this application. In particular, I understand all of the following:

- I have a right not to consent to my spouse's election.
If I do not consent, my spouse's benefit will be paid in the plan's automatic form for married participants. Under that automatic form, if my spouse dies before me, I would receive a benefit equal to at least 50% of my spouse's benefit for the rest of my life.
If I do consent to my spouse's election, survivor benefits, if any, will be paid according to the benefit form and beneficiary designation elected by my spouse. As a result, if my spouse dies before me, I may not be entitled to any survivor benefits.
If my spouse elects a certain and continuous annuity (choice H, I, or J in section 3), and if I consent to this election, my spouse can make future changes to the beneficiary without my consent.
If I do consent to my spouse's election, I cannot revoke my consent after PBGC makes the first payment to my spouse.

SPOUSE'S SIGNATURE (MUST BE NOTARIZED)

DATE

To be completed by Notary Public:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

DATE MY COMMISSION EXPIRES

NOTARY PUBLIC NAME

CITY / COUNTY

STATE

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**5. Designation of "Other Beneficiary" for Continuing Payments.** Complete this section if you elected any benefit form from D through J in Section 3 and checked "Other Beneficiary". If you elected a joint-and-survivor annuity, your beneficiary designation is final and cannot be changed after PBGC makes your first payment. If you elected a certain-and-continuous annuity, you may change your beneficiary at any time.

**Note: The beneficiary will receive benefits that continue after your death, and will also receive any additional money owed to you at your death.**

Last Name		First Name	
Middle Name	Other Name(s) Used		
Social Security Number	Date of Birth (PROOF REQUIRED FOR JOINT AND SURVIVOR BENEFITS ONLY)	Gender	MALE <input type="checkbox"/>
			FEMALE <input type="checkbox"/>
Mailing Address		Apartment / Route Number	
City	State	Zip Code	
Country	Email (optional)		
Daytime Phone	EXTENSION	Evening Phone	
( ) - x		( ) -	
Relationship to you, if any (for example - granddaughter, friend)			

**6. Designation of Beneficiary for Payments Owed at Death.** PBGC may owe you monies that are not continuing payments at the time of your death. The person(s) or entity(ies) you designate in this section will receive the money if the person you named for continuing payments dies before you or if you chose Option A or C in section 3. If you do not make a designation, PBGC will pay the money in this order: your spouse, your children, your parents, your estate or your next of kin.

Beneficiary(ies)*	Social Security Number**	Date of Birth**	Relationship*	Percentage***
Name _____ Address _____ Daytime Tel. No: _____				
Name _____ Address _____ Daytime Tel. No: _____				

\*To name more beneficiaries, please list them with requested contact info, DOB and SSN on an attached sheet with your signature.

\*\*Complete if person.

\*\*\* Percentage(s) does not have to be provided.

The amount owed will be distributed equally among beneficiaries unless percentages are provided for each beneficiary and they total 100%. If a beneficiary dies before you, the amount owed will be distributed equally among the remaining beneficiaries.

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**7. Method of receiving benefit payments. PBGC pays benefits through safe, secure and convenient electronic funds transfer.** You will get your payment on time even if you are out-of-town or unable to get to the bank.

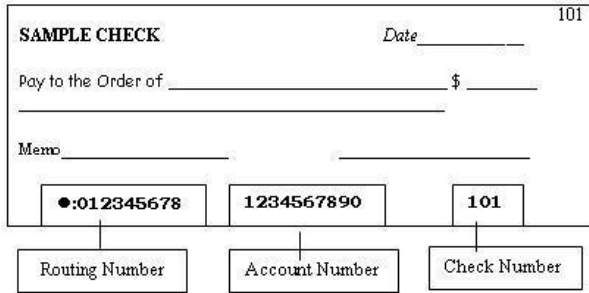
If you have a bank account, you can ask us to deposit your benefit payments to your account through Electronic Direct Deposit (EDD).

[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 1-888-382-3311 \(toll-free\) or visit the ETA website at \[www.eta-find.gov\]\(http://www.eta-find.gov\).](#)

**Note:** PBGC does not transfer funds to financial institutions outside the United States and its territories. *If you live outside the United States or its territories and do not have a U.S bank account, PBGC will send your payment to your mailing address.*

How would you like to receive your payments?	MARK ONLY ONE
<b>A. By EDD <del>or ETA</del></b> to the account identified below, which must have my name on it.	<input type="checkbox"/>
<b>B. By mail to my home address</b> , which is printed in section 1 of this form. You may choose this option if EDD <del>or ETA</del> would be difficult or a burden because: <ul style="list-style-type: none"> <li>• You do not have a bank account.</li> <li>• You reside in a remote location that does not have the infrastructure to support EDD <del>or ETA</del>.</li> <li>• It is too expensive for you to maintain a bank account.</li> </ul>	<input type="checkbox"/>

**Financial institution information** – Please provide the information below for PBGC to send your payment directly to a financial institution. The information is available from your financial institution or can be found on your checks and account statements. The sample check below shows the location of your nine-digit routing number and your account number. **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 at 1-800-400-7242. The financial institution can cancel it by sending you a written notice.



**All fields required**

Name(s) on the Account ( <b>Your name must be on the account</b> )													
Routing Number								Account Number – Numbers only				Account Type	
								Checking <input type="checkbox"/>		Savings <input type="checkbox"/>			

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**8. Federal Tax Election** – Complete this section by selecting **only** one option – **A or B or C**. If you live outside the United States, you cannot select Option A. For additional guidance regarding these options and federal tax withholding, please read page 4 of the enclosure: *Your Benefit, Your Choice. Benefit Options from PBGC*. In general, tax laws require PBGC to withhold federal income tax from your pension payments unless you specifically elect not to have taxes withheld. **If you do not choose an option, if you choose multiple options or if the option you select is incomplete, we will withhold federal income taxes as if you were a married individual with three allowances.** This means that for the year 2021<sup>9</sup> we will withhold taxes only if your monthly PBGC benefit is \$2,100<sup>95</sup>.00 or more.

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

OR

**B.** I elect to have federal income tax withheld based on IRS instructions.

Marital Status (REQUIRED)    **Single**     **Married**

Number of withholding allowances (REQUIRED)

Additional monthly amount to be withheld (optional): \$         .00

OR

**C.** I elect to have the following amount withheld for federal income tax.

The dollar amount or percentage to be withheld monthly is: \$         .00    OR    \_\_\_\_%

**9. Signature** – Sign and date this application. Knowingly and willfully making false, fictitious or fraudulent statements to the Pension Benefit Guaranty Corporation is a crime punishable under Title 18, Section 1001, United States Code.

I declare under penalty of perjury that all of the information I have provided on this form is true and correct.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

Please complete the checklist below to ensure that your application form has all the required signatures and proof documents before you submit it. **A MISSING SIGNATURE OR PROOF DOCUMENT COULD DELAY YOUR FIRST PAYMENT.**

1. Did you sign and date the application above?	<input type="checkbox"/>
2. Did you enclose a copy of your proof of age document? Your driver's license is not a proof document.	<input type="checkbox"/>
3. If you are married, did you enclose a copy of your marriage certificate?	<input type="checkbox"/>
4. If you are married, did you enclose a copy of your spouse's proof of age?	<input type="checkbox"/>
5. If you are married and elected a benefit form other than option B on page 2, did your spouse sign Section 4 on page 3 and was the signature notarized?	<input type="checkbox"/>
6. Did you elect only one option regarding federal tax withholding and is the election complete?	<input type="checkbox"/>

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