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## Form 700 – Apply for Benefits

To apply for benefits online, a participant must have a benefit calculation in MyPBA. The calculation they wish to use will be selected to start the process. The important elements of the calculation are the date to start receiving benefits and the surviving beneficiary. Both have already been chosen during the “Request a benefit calculation” process.

If they enter a start date of 6/1/2021 or later, Question 2) will not appear. If they enter a date earlier than 6/1/2021, Question 2) will appear.

**Apply for benefits**  
for retirement on **September 01, 2021** within the **FRANK PARSONS PAPER COMPANY INC. RETIREMENT INCOME**

**1. My Information**   
**Confirm retirement date**   
Verify personal information  
Describe your relationship status

**2. Benefit selection**

**3. Surviving Beneficiary**

**4. Payments**

**5. Taxes**

**6. Review & Submit**

**Retirement details**

Calculated retirement date **September 01, 2021** [Estimate document](#)  
[Estimate Document 3.pdf](#)

1) When do you want to start your pension benefits?

Actual retirement date (Pension benefits beginning date from your optional benefit form)

2) Will you be employed at the date above?

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.  
 No  Yes

Employer name

City

State

[Review estimate details](#) [Save & Continue](#)

# Apply for benefits

for retirement on September 01, 2021 within the FRANK PARSONS PAPER COMPANY INC.RETIREMENT INCOME

- 1. My Information 👤
  - Confirm retirement date 👌
  - Verify personal information**
  - Describe your relationship status
- 2. Benefit selection
- 3. Surviving Beneficiary
- 4. Payments
- 5. Taxes
- 6. Review & Submit

## Information about you

### 1) Personal information

Please review your personal information for accuracy. Please visit your [profile](#) to make any corrections.

Full name Date of birth  
**RAYPI RVHZEW** **01/01/1956**

SSN or ITIN  
\*\*\*\*\*6963

Mailing address  
**18 LJCCOXQRTZT PS  
PHOENIX, 211311311  
UNITED STATES OF AMERICA**

[edit address](#)

Gender  
**Male**

[edit information](#)

Mobile phone  
**+12023802315**

Other phone  
**(960) 935-3538**

Other phone extension

[Back](#)

[Save & continue](#)

# Apply for benefits

for retirement on September 01, 2021 within the FRANK PARSONS PAPER COMPANY INC. RETIREMENT INCOME

- 1. My Information
- Confirm retirement date
- Verify personal information
- Describe your relationship status**
- 2. Benefit selection
- 3. Surviving Beneficiary
- 4. Payments
- 5. Taxes
- 6. Review & Submit

## Marital status

1) Are you currently married?

No, I am not currently married.  Yes, I am currently married.

Spouse's last name

Smith

Spouse's first name

Jeremy

Spouse's middle name

Other last name(s) used

Date of marriage \* Required



You will need to mail a copy of your marriage certificate and your spouse's birth certificate.

Spouse's date of birth \* Required

10/10/1965

2) Is there a court order?

For example - domestic relations order, divorce decree, child support order, etc. that requires some or all of your benefit to be paid to a spouse, former spouse, child, or other dependent?

No  Yes

Date of Court Order  
MM/DD/YYYY

M M / D D / Y Y Y Y

Name of alternate payee

Relationship to you

Back

Save & Continue

There is an embedded link if they click – [Your Benefit, Your Choice – PBGC Benefit Options](#) that takes them to descriptions of the different forms of benefit.

### Apply for benefits

for retirement on September 01, 2021 within the FRANK PARSONS PAPER COMPANY INC. RETIREMENT INCOME

- 1. My Information ✔
  - Confirm retirement date ✔
  - Verify personal information
  - Describe your relationship status
- 2. **Benefit selection**
- 3. Surviving Beneficiary
- 4. Payments
- 5. Taxes
- 6. Review & Submit

#### Election of benefit form

1) Select your form of benefit

Before you choose an option below, please read the example in *Your Benefit, Your Choice*. Refer to the calculations included in your package that show the amount of your benefit under the Plan's Automatic Forms (options A and B) and the amount under PBGC's Optional Benefit forms (options C through J).



**Note:** You cannot change your benefit election (marked below) after PBGC makes the first payment to you.

Named survivor	Estimate document
Smith, Jeremy	
<b>Benefit Option</b>	
<input type="radio"/> A: Plan's Automatic Form for an Unmarried Participant ()	
<input type="radio"/> B: Plan's Automatic Form for a Married Participant ()	
<input type="radio"/> C: Straight Life Annuity	
<input type="radio"/> D: Joint-and-50% Survivor Annuity	
<input type="radio"/> E: Joint-and-75% Survivor Annuity	
<input type="radio"/> F: Joint-and-100% Survivor Annuity	
<input type="radio"/> G: Joint-and-50% Survivor "Pop-up" Annuity	
<input type="radio"/> H: 5-year Certain-and-Continuous Annuity <ul style="list-style-type: none"><li>Certain payment period starts on your Actual Retirement Date</li></ul>	
<input type="radio"/> I: 10-year Certain-and-Continuous Annuity <ul style="list-style-type: none"><li>Certain payment period starts on your Actual Retirement Date</li></ul>	
<input type="radio"/> J: 15-year Certain-and-Continuous Annuity <ul style="list-style-type: none"><li>Certain payment period starts on your Actual Retirement Date</li></ul>	

If you are married and do not choose Benefit Form "B", you will need to print this application, and your spouse must complete the Spousal consent form.

# Apply for benefits

for retirement on **September 01, 2021** within the **FRANK PARSONS PAPER COMPANY INC. RETIREMENT INCOME**

- 1. My Information 
  - Confirm retirement date 
  - Verify personal information
  - Describe your relationship status
- 2. Benefit selection
- 3. Surviving Beneficiary
- 4. Payments
- 5. Taxes
- 6. Review & Submit

## Designation of "Other beneficiary" for continuing payments

Complete this section if you elected any benefit form from D through J in Section 2 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.

### 1) Add your surviving beneficiary details

Beneficiary's last name \* Required

Beneficiary's first name \* Required

Beneficiary's middle name

Beneficiary's relationship to you

Beneficiary's birthday



Beneficiary's contact information

Beneficiary's email

Beneficiary's mobile phone number

Beneficiary's other phone number

Beneficiary's other phone extension

2) Is your beneficiary's mailing address the same as your own?

No  Yes

Beneficiary's mailing address

Country/Region

Street address \* Required

City \* Required

State/Province \* Required

Zip/Postal code \* Required

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Save & Continue

# Apply for benefits

for retirement on **September 01, 2021** within the **FRANK PARSONS PAPER COMPANY INC. RETIREMENT INCOME**

1. My Information ✔

Confirm retirement date ✔

Verify personal information

Describe your relationship status

2. Benefit selection

3. Surviving Beneficiary

4. Payments

5. Taxes

6. Review & Submit

1) Please enter the SSN/ITIN and Gender for **Orlando, Dawn**

Type of ID

SSN

Gender

Beneficiary's SSN or ITIN \* **Required**

[Back](#)

[Save & Review](#)



# Apply for benefits

for retirement on **September 01, 2021** within the **FRANK PARSONS PAPER COMPANY INC. RETIREMENT INCOME**

## 1. My Information

Confirm retirement date 

Verify personal information

Describe your relationship status

## 2. Benefit selection

## 3. Surviving Beneficiary

## 4. Payments

## 5. Taxes

## 6. Review & Submit

## 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).

**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.*

### 1) How would you like to receive your payments?

**By EDD** to an account that must have your name on it.

**By mail to my home address**, which is the primary or secondary address you marked as your mailing address. You may choose this option if EDD would be difficult or a burden because:

- You do not have a bank account.
- You reside in a remote location that does not have the infrastructure to support EDD
- It is too expensive for you to maintain a bank account.

If they choose Electronic Direct Deposit:

## Apply for benefits

for retirement on **September 01, 2021** within the **FRANK PARSONS PAPER COMPANY INC. RETIREMENT INCOME**

- 1. My Information 📍
  - Confirm retirement date 📍
  - Verify personal information
  - Describe your relationship status
- 2. Benefit selection
- 3. Surviving Beneficiary
- 4. Payments
- 5. Taxes
- 6. Review & Submit

### 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.

A diagram of a sample check with labels pointing to specific fields. The check is titled 'SAMPLE CHECK' and has a 'Date' field. The 'Pay to the Order of' field is followed by a dollar sign and a blank space. Below this is a 'Memo' field. At the bottom of the check, three boxes contain the numbers: '●:012345678', '1234567890', and '101'. Lines connect these boxes to labels below: 'Routing Number', 'Account Number', and 'Check Number'.

Name(s) on bank account (Your name must be on the account) \* Required

Account type \* Required

Checking

Savings

Routing number \* Required

Account number \* Required

[Back](#) [Validate bank details](#)

There is an embedded link if they click – [Your Benefit, Your Choice – PBGC Benefit Options](#) that takes them to descriptions of the different forms if they choose IRS Instructions:

**Apply for benefits**  
for retirement on **September 01, 2021** within the **FRANK PARSONS PAPER COMPANY INC. RETIREMENT INCOME**

**1. My Information**

- Confirm retirement date
- Verify personal information
- Describe your relationship status

**2. Benefit selection**

**3. Surviving Beneficiary**

**4. Payments**

**5. Taxes**

**6. Review & Submit**

### 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.**

1) How would you like federal income tax withheld?

**Tax Withholding Option**

- A: I elect not to have federal income tax withheld (**Available to U.S. residents only**).
- B: I elect to have federal income tax withheld based on IRS instructions.
- C: I elect to have the following withheld for federal income tax.

**Marital status \* Required**

**Number of withholding allowances \* Required**

**Additional monthly amount to be withheld (\$)**

There is an embedded link if they click – [Your Benefit, Your Choice – PBGC Benefit Options](#) that takes them to descriptions of the different forms if they choose to enter their own:

**Apply for benefits**  
for retirement on **September 01, 2021** within the **FRANK PARSONS PAPER COMPANY INC. RETIREMENT INCOME**

1. My Information

- Confirm retirement date
- Verify personal information
- Describe your relationship status

2. Benefit selection

3. Surviving Beneficiary

4. Payments

5. **Taxes**

6. Review & Submit

### 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.**

1) How would you like federal income tax withheld?

**Tax Withholding Option**

- A: I elect not to have federal income tax withheld (**Available to U.S. residents only.**)
- B: I elect to have federal income tax withheld based on IRS instructions.
- C: I elect to have the following withheld for federal income tax.

The dollar amount or percentage to be withheld monthly is:

(You must fill in dollar amount OR percentage, but not both)

Additional monthly amount to be withheld (\$)

OR

Percent to withhold (%)

[Back](#) [Skip](#) [Save & Continue](#)

Review – Screen 1 of 3 (user would scroll down)

## Apply for benefits

for retirement on **September 01, 2021** within the **FRANK PARSONS PAPER COMPANY INC. RETIREMENT INCOME**

- 1. My Information**
2. Benefit selection
3. Surviving Beneficiary
4. Payments
5. Taxes
6. Review & Submit

### Confirm retirement date

Verify personal information

Describe your relationship status

## Review your information

And just like that you are done! Review one last time and click the "Submit button."

### Your information

Calculated retirement date	Actual retirement date
<b>September 01, 2021</b>	

Working on retirement date?  
No

Married  
Yes

Are there any legal matters involved?  
No

### Your benefit option

Benefit type  
**B: Plan's Automatic Form for Married Participant**

Review – Screen 2 of 3 (user would scroll down)

### Your beneficiaries

#### Surviving beneficiary

Name

Orlando, Dawn

Email

mask@pbgc.gov

Relationship

Child

Mobile phone

9999999999

SSN or ITIN

\*\*\*\*\*

Other phone

Birthday

12/05/1970

Other phone extension

Mailing address

104 Wren Drive  
Suffield, CT 06078-1816

### Your payments

Method of receiving benefit payments

Paper check

Name(s) on the Account (Your name must be on the account)

Account number - Numbers only

Routing number

Account type

Review – Screen 3 of 3 (user would scroll down)

User is required to print, sign, and notarize the actual form, even if this transaction is started on MyPBA, therefore, there is no corresponding screen/field for the spouse consent waiver in MyPBA. The actual form will be required to be submitted.

### Your taxes

Federal withholding option  
**C: I elect to have the following withheld for federal income tax.**

Tax marital status	Number of withholding allowances
Additional monthly amount to withhold	Percentage to be withheld monthly
\$0	15.00

### Don't forget to mail your documents

**i** You must submit the documents below before we can complete the application process.

- **Your proof of age document**  
This can be a photo of your birth or baptism certificate, or your U.S. passport. Your driver's license is not a proof document.
- **If you are married, your proof of marriage**  
Please send a copy of your marriage certificate.
- **If you are married and elected a benefit form other than option B, your Spousal Consent Form**  
You will need to print this application and return the completed and notarized form, signed by your spouse. Please print clearly with blue or black ink.
- **If you selected a benefit form with a surviving beneficiary, proof of your surviving beneficiary's age**  
This can be a photo of their birth or baptism certificate, or their U.S. passport.

Fax or mail documents to PBGC:  
**Fax: 202-229-4047**  
PBGC  
P.O. Box 151750  
Alexandria, VA 22315-1750

**Submit**

## Form 701 – Payee Information

When a customer is logging in for the first time and classified as “in pay”, they get this pop up.

**Customer Role Survey**

Please confirm that you are a participant in HDA  
HOMECARE PENSION TRUST.

No  Yes

**Submit**

**MyPBA**  
PENSION BENEFIT ACCESS

**My summary**

Welcome, **BMNMZHS A BIDQP RJSMU**  
Customer ID: 7763778  
Your last successful login: May 13, 2021

**Notifications**

There are no announcements from PBGC at this time.

**My information**

PBGC Pension Benefit Guaranty Corporation  
[Home](#) [Search PBGC](#) [My profile](#) **Log off**



If they select “yes” they are the participant in the plan, they must enter the information on their marital status and spouse name, date of birth and gender. If they select “no”, they fill in the additional information shown below.

The image shows a screenshot of the MyPBA website with a 'Customer Role Survey' modal form open. The background dashboard includes the MyPBA logo, a 'My summary' section with user details (BMNMZHS A BIDQP RJSMU, Customer ID: 7763778), a 'Notifications' section, a 'My information' section with contact details, and a 'Plans' section. The survey form asks for confirmation of participation in the HDA Homecare Pension Trust and offers three role options: Beneficiary, Spouse, and Alternate Payee. It also includes text input fields for the participant's first, middle, and last names, and a 'Submit' button.

**Customer Role Survey**

Please confirm that you are a participant in HDA HOMECARE PENSION TRUST.  
 No  Yes

Please select your role in HDA HOMECARE PENSION TRUST:

**Beneficiary** -- The benefits are from the pension plan of someone who is deceased.


**Spouse** -- The benefits are from the pension plan of my spouse who is deceased.

**Alternate Payee** -- The benefits are from someone else's pension plan but were assigned to me based on a court order.

Participant's first name \*

Participant's middle name

Participant's last name \*



## My summary

Welcome, **BMMZHS A BIDQP RJSMU**  
 Customer ID: 7763778  
 Your last successful login: May 13, 2021

### Notifications

There are no announcements from PBGC at this time.

### My information

Be sure your contact information is up to date!

<b>Mobile phone</b>	202-380-2315	<b>Communication p</b>
<b>Other phone</b>		<b>Preferred phone</b>
<b>Email</b>	jm1733661@gmail.com	<b>My mailing address</b>

[Update information](#)

### Plans

Below is a summary of your pension plan(s). Click on a plan to see plan details. If you are

Your role in the pension plan is designated in the table under "My role." Please call us at

Please select your role in HDA HOMECARE PENSION TRUST:

**Beneficiary** -- The benefits are from the pension plan of someone who is deceased.

**Spouse** -- The benefits are from the pension plan of my spouse who is deceased.

**Alternate Payee** -- The benefits are from someone else's pension plan but were assigned to me based on a court order.

**Participant's first name \***

**Participant's middle name**

**Participant's last name \***

**SSN or ITIN? \***

**Participant's SSN or ITIN \***

**Participant's date of birth \***

**Participant's date of death \***

[Submit](#)

PBGC Pension Benefit Guaranty Corporation

[Contact Us](#) | [Search PBGC](#) | [My profile](#) | [Log off](#)

[Plans](#) | [Contacts](#) | [Documents](#) | [Service requests](#)

If they select “yes” they are the participant in the plan, they must enter the information on their marital status and spouse name, date of birth and gender. Spouse contact entry screen is below.

### Samantha Last details

Update the personal and contact details.

**Personal details**

**First name \* Required**  
Samantha

**Middle name**

**Last name \* Required**  
Last

**Relationship**  
Spouse

**Date of birth \* Required**  
10/10/1965

**Date of Death**

**Email**  
mask@pbgc.gov

**Gender**

**Phone**  
You must provide at least one phone number

**Mobile phone**  
989-300-6000

**Other phone**

**Other phone ext**

**Mailing address**

**Country** **INVALID ADDRESS**  
UNITED STATES OF AMERICA

**Address line 1**  
104 Wren Drive

**Address line 2**

**Address line 3**

**City**  
Suffield

**State/province**  
CONNECTICUT

**Zip/postal code**  
06078-1816

**Invalid Address Reason**

**Validated by USPS?**  
 No  Yes

**Remove contact** **Remove contact** **Cancel** **Save**

# Form 707 - Designation of Beneficiary for Benefits Owed at Death (Receiving Benefits)

## My plan details

Your role in the pension plan is designated in the table under "My role." Please call us at 1-800-400-7242 if that information is incorrect.

My role  
**Participant**

Plan sponsor  
**McLouth Steel Products Corp.**

Benefit option  
**J&S #% Annuity**

## My beneficiaries

Below are the survivor(s) for continuing payments and beneficiary(ies) for payments owed at death you have designated under the plan.

PBGC must have current contact information for every person you designate as a survivor or beneficiary. Before you designate survivors or beneficiaries, make sure their information is in [Contacts](#). We cannot accept a designation without information in Contacts.

## Designated survivor(s) for continuing payments

**i** You selected survivor(s) when you applied for benefits. You cannot change them.

Your designated survivors will receive any continuing annuity payments from your plan and any other money owed to you at the time of your death. You designate your survivors when you apply for your benefit. If you are receiving a joint-and-survivor annuity, you cannot change your designated survivor. If you are receiving a certain-and-continuous annuity or a modified cash refund annuity, you may change your designated survivor at any time. You may change your beneficiaries at any time.

Name	Percent Owed
FNCIW, UOVUVHH W	0%

## Designated beneficiary(ies) for payments owed at death

[Designate beneficiary\(ies\)](#)

If your Designated survivor dies before you, your Beneficiaries owed at death will receive any money that PBGC owes you at the time of your death. This designation does not apply to continuing annuity payments. You can change your designated beneficiaries at any time.

The participant can designate multiple beneficiaries by percentage, as long as they all add up to 100%.

### Designated beneficiaries

**Designate beneficiary(ies) owed at death for MCLOUTH STEEL PRODUCTS CORPORATION PENSION PLAN**

If PBGC owes you any money at the time of your death (besides continuing annuity payments), the money will go to your designated beneficiary(ies). This designation does not apply to continuing annuity payments. By designating new beneficiaries, you will replace existing beneficiaries on file.

**Enter a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), without dashes** for each beneficiary. Include their share of the benefits in the **distribution percentage field**. SSN or ITIN is only required for individuals. Distribution percentages must total 100 between your selected beneficiaries.

You have not added any beneficiaries.

[Add beneficiary](#)

### Designate a beneficiary owed at death for MCLOUTH STEEL PRODUCTS CORPORATION PENSION PLAN

**Enter a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), without dashes** for each beneficiary. Include their share of the benefits in the **distribution percentage field**. SSN or ITIN is only required for individuals. Distribution percentages must total 100 between your selected beneficiaries.

Contact \* Required  
FNCIW, UOVUVHH W

Percent designation \* Required  
100

SSN or ITIN \* Required

SSN or ITIN?  
 SSN  ITIN

[Save](#)



Are you sure you want to designate new beneficiary(ies)?

This will replace any existing beneficiary designation on file for chosen contacts.

[Close](#) [Designate](#)

## Designated beneficiaries

### Designate beneficiary(ies) owed at death for MCLOUTH STEEL PRODUCTS CORPORATION PENSION PLAN

If PBGC owes you any money at the time of your death (besides continuing annuity payments), the money will go to your designated beneficiary(ies). This designation does not apply to continuing annuity payments. By designating new beneficiaries, you will replace existing beneficiaries on file.

**Enter a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), without dashes** for each beneficiary. Include their share of the benefits in the **distribution percentage field**. SSN or ITIN is only required for individuals. Distribution percentages must total 100 between your selected beneficiaries.

Designation preview

Name	Percent designation	<a href="#">Add beneficiary</a>
<a href="#">FNCIW_UQVUVHH_W</a>	100.00%	

[Cancel](#) [Designate beneficiary\(ies\)](#)

# Form 708 - Designation of Beneficiary (Not Currently Receiving Benefits)

This designation is made during the "Request a benefit calculation" process.

## Request a benefit calculation

Get an estimate for the amount of benefit on the date you may want to start it.

1. Information review ✓
2. Retirement selection ✓
3. Choose surviving beneficiary **3**
4. Review & submit

### Choosing surviving beneficiary

Your surviving beneficiary will receive any continuing annuity payments from your plan and any other money owed to you at the time of your death. Your benefit is calculated using the age of your surviving beneficiary. Depending on the benefit option you choose later, you may not be able to change your surviving beneficiary after you start to receive your benefit. Please choose carefully.


1) ) Who do you want to name as a your surviving beneficiary?  
Adding a new contact  
[Select a different contact >](#)

2) Are your surviving beneficiary's details correct?

Beneficiary's first name \* Required

Beneficiary's last name \* Required

Beneficiary's relationship to you

Beneficiary's birthday \* Required  

Beneficiary's contact information

Beneficiary's email \* Required

Beneficiary's mobile phone number \* Required

Beneficiary's other phone number

Beneficiary's other phone extension

Mail address same as contact?

No  Yes

Mailing address

Address line 1

Address line 2

Address line 3

City

Country

State/Province

Zip/postal code



# Form 710 – Application for Electronic Direct Deposit

## Update payment method

### My plans

Select the checkbox beside each plan you want to update payments for. Please note that the account number, routing number, and account type will be blank if the payment destination is not electronic deposit.

Plan name	Payment destination	Routing number	Account number	Account type
<input type="checkbox"/> MCLOUTH STEEL PRODUCTS CORPORATION PENSION PLAN	ACH	072402157	****4543	Checking

### Payment option

Payment destination \* Required

Electronic direct deposits can only go to accounts in US banks. Outside the US, you must have a check mailed to your bank or your home.

Electronic direct deposit (also known as EDD or ACH) ▼

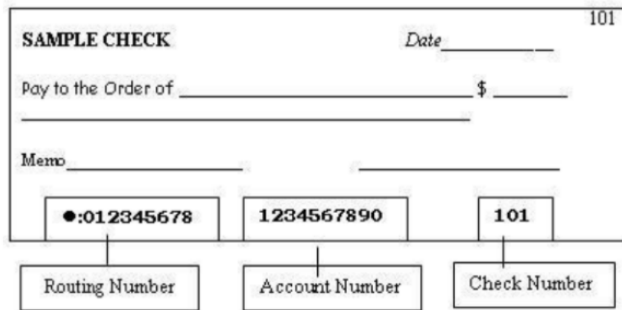
Enter your bank details. We need to validate the information before we can save it.

Bank routing number \* Required

Bank account number \* Required

Account type

Checking ▼



## Form 719 - Election to Withhold Federal Income Tax (FIT) from Periodic Payments

### Update tax elections

#### My plans

Plan Name	Federal Tax Election	Amount Withheld	Number of Allowances
<input type="checkbox"/> MCLOUTH STEEL PRODUCTS CORPORATION PENSION PLAN	Married/008		2

#### Tax election

Tax withholding option  I want to opt out of withholding taxes.

If you choose this option, we will withhold federal income taxes as if you were a married individual with three allowances. This means that for the year 2021 we will withhold taxes only if your monthly PBGC benefit is \$2,100 or more.

**Marital status**

**Number of withholding allowances**

**Additional monthly withholding amount \$**

OR

**Specific monthly withholding amount \$**