



**Election of Retroactive Annuity Starting Date
(Spousal Consent not Required)**

PBGC Form 700RN

Pension Benefit Guaranty Corporation

For Assistance Call 1-800-400-7242

TTY/ASCII (American Standard Code for Information Interchange) users, call the federal relay service toll-free at 1-800-877-8339 and ask to be connected to 1-800-400-7242.

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

Use this form to elect a Retroactive Annuity Starting Date offered by PBGC, if:

- You were not married when you began receiving a benefit from this pension plan;
OR
- You were married when you began receiving a benefit from this pension plan, and
 - Your spouse is deceased; or
 - PBGC has advised your spouse's consent is not required for this election.

Please print clearly with blue or black ink. You must complete all sections of this form.

Section 1: General Information About You

1. Last Name	2. First Name
3. Middle Name	4. Other Last Name(s) used

5. Social Security Number	6. Date of Birth MM/DD/YYYY	7. Gender
1 2 3 - 5 5 - 6 7 8 9	M M / D D / Y Y Y Y	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

8. Mailing Address	Apartment / Route Number	
City	State	Zip Code
Country		

9. Primary Phone	10. Phone Type
(5 5 5) 3 4 5 - 6 7 8 9	<input type="checkbox"/> Home <input type="checkbox"/> Mobile

11. Secondary Phone	12. Phone Type
(5 5 5) 3 4 5 - 6 7 8 9	<input type="checkbox"/> Home <input type="checkbox"/> Mobile

13. Marital Status

Were you married when you began receiving a benefit from this pension plan?
 YES NO

If YES, enter spouse information as of the date you began receiving a benefit from this pension plan.

Spouse Last Name	Spouse First Name
------------------	-------------------

Plan Number:
Participant Name:

Spouse Middle Name	Other Last Name(s) used
--------------------	-------------------------

Spouse Social Security Number	Spouse Date of Birth MM/DD/YYYY
1 2 3 - 5 5 - 6 7 8 9	M M / D D / Y Y Y Y

Date of Marriage MM/DD/YYYY	M M / D D / Y Y Y Y
Spouse Date of Death (If applicable) MM/DD/YYYY	M M / D D / Y Y Y Y

14. Court order related to the participant's benefit

Is there a court order (for example domestic relations order, divorce decree, child support order, etc.) that requires some or all your benefit to be paid to spouse, former spouse, child or other dependent (called alternate payee)?

NO
 YES

If YES complete the following. If additional space is needed attach a separate sheet.

Check here if additional sheet is attached.

Date of Court Order MM/DD/YYYY	M M / D D / Y Y Y Y
Name of alternate payee	
Relationship to you	

Section 2: Retirement Benefit Choices

15. Retroactive Annuity Starting Date Enter the Retroactive Annuity Starting Date you are electing.	Month	Year
	M M / Y Y Y Y	Y Y Y Y

16. Were you employed on your Retroactive Annuity Starting Date?	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	---

Employer Name	
City	State

If you were employed by the company that sponsored your pension plan on the Retroactive Annuity Starting 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.

Plan Number:
Participant Name:

Section 3: Federal Tax Election

If you wish to change your federal tax withholding, complete this section by selecting **only** one option – **A or B or C**.

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 according to your most recent federal tax withholding election on file.

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

	MARK ONLY ONE
A. I elect not to have federal income tax withheld. (Available to U.S. residents only.)	<input type="checkbox"/>
B. I elect to have federal income tax withheld based on IRS instructions. Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> (REQUIRED) Number of withholding allowances (REQUIRED) <input type="text"/> <input type="text"/> Additional monthly amount to be withheld (optional) : \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	<input type="checkbox"/>
C. I elect to have the following amount withheld for federal income tax.	<input type="checkbox"/>
\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 OR <input type="text"/> %	

Section 4: 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 the information I have provided on this form is true and correct.

Participant 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 COULD DELAY YOUR FIRST PAYMENT.**

1. Did you sign and date the application in Section 4?	<input type="checkbox"/>
2. If you want to change your federal tax withholding in Section 3, did you elect only one option and is the election complete?	<input type="checkbox"/>