



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:

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 PROOF REQUIRED 7. Gender MALE FEMALE

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

9. Primary Phone 10. Phone Type Home Mobile

11. Secondary Phone 12. Phone Type Home Mobile

13. Marital Status
Are you currently married?
YES NO

Enter spouse information as of the date you are completing this application.

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

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

Date of Marriage MM/DD/YYYY PROOF REQUIRED	M M / D D / Y Y Y Y
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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)?

YES NO

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
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Name of alternate payee

Relationship to you

Section 2: Retirement Benefit Choices

15. Annuity Starting Date Enter the Annuity Starting Date from your Retirement Benefit Estimate. This is the date you would like your payments to begin. If you would like a different Annuity Starting Date, request a new retirement benefit estimate.	Month	Year
	M M / Y Y Y Y	

16. Working Retirement Restrictions

If the Annuity Starting Date you entered in Block 15 is on or after June 1, 2021, skip Block 16.

If the Annuity Starting Date you entered in Block 15 is before June 1, 2021, were you employed on that date? YES NO

If Yes, complete the following.

Employer Name

City	State
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If you were employed by the company that sponsored your pension plan on the Annuity Starting Date, contact PBGC to confirm your eligibility before submitting this application.

17. Election of Benefit Form

Before you choose an option below, please review the Summary of Examples in *Your Benefit, Your Choice* (enclosed with this application). The summary provides an example of each option.

Refer to the Retirement Benefit Estimate based on the Annuity Starting Date (Block 15) included in your package that shows the amount of your benefit under the benefit forms below and your beneficiary choice.

Any cross-outs or changes in this section will require a new form.

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

Benefit Form	My Choice MARK ONLY ONE
A. Plan's Automatic Form for an Unmarried Participant If this is a straight life annuity do NOT complete Blocks 18a/18b. If this is NOT a straight life annuity you must complete Block 18b.	<input type="checkbox"/>
B. Plan's Automatic Form for a Married Participant Complete Block 18a to select your spouse (from Block 13) as your beneficiary.	<input type="checkbox"/>
C. Straight Life Annuity Do NOT complete Blocks 18a/18b.	<input type="checkbox"/>
If selecting Options D – G below you must also complete Block 18a.	
D. Joint-and-50% Survivor Annuity	<input type="checkbox"/>
E. Joint-and-75% Survivor Annuity	<input type="checkbox"/>
F. Joint-and-100% Survivor Annuity	<input type="checkbox"/>
G. Joint-and-50% Survivor "Pop-up" Annuity	<input type="checkbox"/>
If selecting Options H – J below you must also complete Block 18b.	
H. 5-year Certain-and-Continuous Annuity (The 5-year Certain payment period starts on Annuity Starting Date in Block 15)	<input type="checkbox"/>
I. 10-year Certain-and-Continuous Annuity (The 10-year Certain payment period starts on Annuity Starting Date in Block 15)	<input type="checkbox"/>
J. 15-year Certain-and-Continuous Annuity (The 15-year Certain payment period starts on Annuity Starting Date in Block 15)	<input type="checkbox"/>

18a. Designation of Beneficiary for Survivor Annuity

Complete this section if you elected **Benefit Forms D-G** above.

Because you elected a joint-and-survivor annuity, your survivor annuity beneficiary designation is final and cannot be changed after PBGC makes your first payment.

The beneficiary identified below will receive the survivor annuity that continues after your death and any additional money owed to you at your death.

If your survivor annuity beneficiary predeceases you, no continuing survivor annuity is payable. If we owe you any money at the time of your death (for example missed pension checks or any underpayments), we will pay a beneficiary designated on Form 707.

Ensure your choice of beneficiary is consistent with your retirement estimate provided. Any changes require a new retirement estimate.

Spouse (Identified in Block 13)

OR

Other Beneficiary

Beneficiary Last Name Beneficiary First Name

Beneficiary Middle Name Other Last Name(s) used

Beneficiary relationship to you

Beneficiary Social Security Number	Beneficiary Date of Birth MM/DD/YYYY <small>Proof Required</small>																					
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1	2	3	-	5	5	-	6	7	8	9												
M	M	/	D	D	/	Y	Y	Y	Y													

Beneficiary Mailing Address Apartment / Route Number

City State Zip Code/Postal Code

Country

Beneficiary Primary Phone	Beneficiary Secondary Phone																										
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(5	5	5)	3	4	5	-	6	7	8	9															

18b. Designation of Beneficiary for Certain-and-Continuous Annuity
Complete this section if you elected Benefit Forms H-J above.

Because you elected a Certain and Continuous Annuity you may change your beneficiary identified below at any time by filing PBGC Form 711.

If you die before your certain period has expired the beneficiary identified below will receive benefits that continue after your death and any additional money owed to you at your death.

If you die after your certain period has expired and we owe you any money at the time of your death (for example missed pension checks or any underpayments), we will pay a beneficiary designated on Form 707.

Name your beneficiary below. You may name more than one beneficiary. State the percentage you want each one to receive, and make sure the percentages total 100%. If you do not state percentages that total 100%, the amount owed will be distributed equally among all beneficiaries.

To name more than two beneficiaries, list their names, dates of birth, Social Security numbers, contact information, and percentages on a separate sheet of paper. Sign the sheet and attach it to this form.

Check here if additional sheet is attached.

If a beneficiary dies before you, the amount owed will be distributed equally among the remaining beneficiaries.

<input type="checkbox"/> Spouse (Identified in Block 13)	_____ %	
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<input type="checkbox"/> Beneficiary (1)	_____ %	Total of percentages may not exceed 100% for all beneficiary entries
<input type="checkbox"/> Beneficiary (2)	_____ %	

Beneficiary (1)		
Beneficiary Last Name		Beneficiary First Name
Beneficiary Middle Name		Other Last Name(s) used
Beneficiary relationship to you		
Beneficiary Social Security Number		Beneficiary Date of Birth MM/DD/YYYY
1 2 3 - 5 5 - 6 7 8 9		M M / D D / Y Y Y Y
Beneficiary Mailing Address		Apartment / Route Number
City	State	Zip Code
Country		
Beneficiary Primary Phone		Beneficiary Secondary Phone
(5 5 5) 3 4 5 - 6 7 8 9		(5 5 5) 3 4 5 - 6 7 8 9

Beneficiary (2)		
Beneficiary Last Name		Beneficiary First Name
Beneficiary Middle Name		Other Last Name(s) used
Beneficiary relationship to you		
Beneficiary Social Security Number		Beneficiary Date of Birth MM/DD/YYYY
1 2 3 - 5 5 - 6 7 8 9		M M / D D / Y Y Y Y
Beneficiary Mailing Address		Apartment / Route Number
City	State	Zip Code
Country		
Beneficiary Primary Phone		Beneficiary Secondary Phone
(5 5 5) 3 4 5 - 6 7 8 9		(5 5 5) 3 4 5 - 6 7 8 9

Section 3: Spousal Consent to Elected Form of Benefit and Beneficiary

Leave this section blank if you:

- are not married.
- are married and chose Benefit Form B (Block 17) and a prospective Annuity Starting Date (on or after the date you contacted us to begin receiving benefits) in **Block 15**.

Your spouse must consent by signing and notarizing the block below if you:

- are married and did NOT choose Benefit Form B (Block 17)
- chose a retroactive starting date in **Block 15**

Your spouse's signature for the consent must be notarized by a notary public.

If your spouse does not consent, PBGC will pay your benefit in the normal married form.

To be completed by spouse:

By signing below, I consent to my spouse's election of the benefit form selected in **Block 17** and the beneficiary designated in **Block 18**. If my spouse is offered a retroactive annuity starting date, I consent to my spouse's election of the retroactive annuity starting date in **Block 15**. My consent is voluntary. I have read and I understand the information provided with this application.

I understand all the following:

- I have a right **not** to consent to my spouse's election.
- If I do **not** consent and my spouse chose a prospective annuity starting date in **Block 15**, my spouse's benefit will be paid in the plan's automatic form for married participants, Benefit Form Choice B in **Block 17**. Under that automatic form, if my spouse dies before me, I will receive a benefit equal to at least 50% of my spouse's benefit for the rest of my life.
- If I do **not** consent and my spouse chose a retroactive annuity starting date in **Block 15**, PBGC will not process this application.
- 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 **Block 17**), and if I consent to this election, my spouse can NOT make future changes to the beneficiary without my consent.
- If my spouse chose a retroactive annuity starting date in **Block 15**, the survivor annuity may be less valuable (that is, my monthly payment as a surviving beneficiary would be smaller) than the one available under a prospective annuity starting date.
- 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:

On this _____ day of _____ Month, _____ Year,

I acknowledge that this Spousal Consent to Elected Form of Benefit and Beneficiary was signed by _____, who appeared personally before me, or whose identity or signature is personally known to me, or who has proved to me on the basis of satisfactory evidence that he/she is the authorized signer of this form.

DATE MY COMMISSION EXPIRES


NOTARY PUBLIC NAME

CITY / COUNTY

STATE

Section 4: 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.

CONTINUE 

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.*

19. How would you like to receive your payments?

	My Choice MARK ONLY ONE
A. By EDD to the account identified below, which must be titled in my name although it is fine for there to be joint or other co-owners on the account.	<input type="checkbox"/>
B. By mail to my home address, which is printed in Section 1 of this form.	<input type="checkbox"/>

20. Financial Institution Information

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.

Or Attach a VOIDED check to this application.

101

SAMPLE CHECK Date _____

Pay to the Order of _____ \$ _____

Memo _____

●:012345678

1234567890

101

Routing Number

Account Number

Check Number

Do not complete below if VOIDED check is attached to this application.

Name(s) on the Account

(Your name must be on the account):

Routing Number:	Account Number – Numbers only:	Account Type									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

Section 5: 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.*

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 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 in Section 6?	<input type="checkbox"/>
2. Did you enclose a copy of your proof of age document? Your driver's license is <i>not</i> a proof of age document.	<input type="checkbox"/>
3. If you are married, did you enclose a copy of your marriage certificate?	<input type="checkbox"/>
4. If you completed Section 18a and selected "Other Beneficiary", did you enclose beneficiary proof of age?	<input type="checkbox"/>
5. If you are married, did you enclose a copy of your spouse's proof of age?	<input type="checkbox"/>
6. If you are married and elected a benefit form other than option B in Block 17, did your spouse sign Section 3 and was the signature notarized?	<input type="checkbox"/>
7. Did you elect only one option regarding federal tax withholding and is the election complete?	<input type="checkbox"/>