



**Election of Retroactive Annuity Starting Date
(Spousal Consent Required)**

PBGC Form 700RSC

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:

If you have been offered a retroactive annuity starting date and you were married when you began receiving a benefit from this pension plan (and that spouse is still living), use this form to elect the retroactive annuity starting date.

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
Spouse Middle Name	Other Last Name(s) used

Plan Number:
Participant Name:

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 you have more than one court order or alternate payee, list on a separate sheet and attach to this application.

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

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

Leave this section blank if:

- you were not married when you started receiving benefit, or
- the spouse you were married to when you started receiving benefits is deceased.

If you were married when you began receiving benefits, your spouse at that time must consent to your choice by signing below.

- His/her signature for the consent must be notarized by a notary public.
- Without his/her consent, your Annuity Starting Date will not change.

To be completed by the spouse who was married to the participant when he/she began receiving benefits:

By signing below, I consent to my spouse's (or former spouse's) election to change the annuity starting date to the Retroactive Annuity Starting Date shown in the enclosed Retirement Benefit Estimate.

I affirm that I have read and understood the information provided by PBGC in the Retirement Benefit Estimate and that my consent to this change is voluntary.

In addition, I understand that:

- My consent is required to change the starting date of the annuity.
- I have a right not to consent to the change in the starting date of the annuity.
- With or without my consent, the annuity will continue to be paid in the form of benefit the participant originally elected.
- Any survivor benefits will be paid according to the form of benefit originally elected and to the designated beneficiary.
- By agreeing to change the starting date to the Retroactive Annuity Starting Date, if the participant dies before me, my monthly payment as surviving beneficiary (if applicable) will be smaller than if the starting date remained unchanged.
- My signature below must be notarized.
- Once I give my consent, I cannot revoke it.

SIGNATURE OF SPOUSE WHO WAS MARRIED TO THE PARTICIPANT
WHEN HE/SHE BEGAN RECEIVING BENEFITS
(MUST BE NOTARIZED)

DATE

To be completed by Notary Public:

On this _____ day of _____ Month, _____ Year,

I acknowledge that this Spousal Consent to Retroactive Annuity Starting Date 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: Federal Tax Election

