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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 Estimate document
September 01, 2021 [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	edit address
18 LJCCOXQRTZT PS	
PHOENIX, 211311311	
UNITED STATES OF AMERICA	

Gender	edit information
Male	

Mobile phone
+12023802315

Other phone	Other phone extension
(960) 935-3538	

[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 middle name

Date of marriage * Required

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

Spouse's first name

Jeremy

Other last name(s) used

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	
Benefit Option	
<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">Certain payment period starts on your Actual Retirement Date	
<input type="radio"/> I: 10-year Certain-and-Continuous Annuity <ul style="list-style-type: none">Certain payment period starts on your Actual Retirement Date	
<input type="radio"/> J: 15-year Certain-and-Continuous Annuity <ul style="list-style-type: none">Certain payment period starts on your Actual Retirement Date	

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:

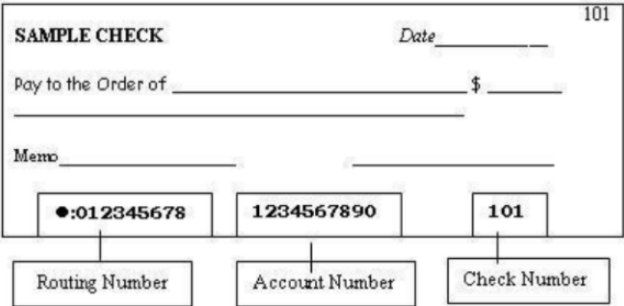
Apply for benefits

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

- My Information 👤
 - Confirm retirement date 👤
 - Verify personal information
 - Describe your relationship status
- Benefit selection
- Surviving Beneficiary
- Payments
- Taxes
- 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.



The diagram shows a sample check with the following fields: 'SAMPLE CHECK' at the top left, 'Date' followed by a blank line at the top right, and '101' in the top right corner. Below these are 'Pay to the Order of' followed by a blank line and a '\$' sign, and 'Memo' followed by a blank line. At the bottom, there are three boxes: the first contains '●:012345678', the second contains '1234567890', and the third contains '101'. Lines connect these boxes to labels below: 'Routing Number' under the first box, 'Account Number' under the second box, and 'Check Number' under the third box.

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**

- My Information** 
 - Confirm retirement date 
 - Verify personal information
 - Describe your relationship status
- Benefit selection
- Surviving Beneficiary
- Payments
- Taxes**
- 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
September 01, 2021	

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, offers role selection (Beneficiary, Spouse, Alternate Payee), and includes text input fields for the participant's first, middle, and last names. A 'Submit' button is at the bottom of the form.

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 *

Submit



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!

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

[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	Add beneficiary
FNCIW_UQVUVHH_W	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) ▼

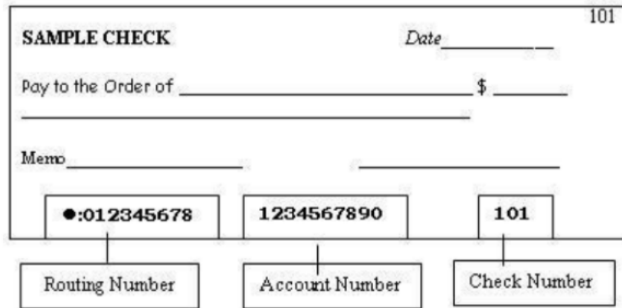
Enter your bank details. We need to validate the information before we can save it.

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 \$