



# Beneficiary Application For Pension Benefits – OF

PBGC Form 706

Pension Benefit Guaranty Corporation.  
P.O. Box 151750, Alexandria, Virginia 22315-1750

**For assistance, call 1-800-400-7242**

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

Participant Name :

**INSTRUCTIONS:** Please complete this form to ask PBGC to begin payments to you as (1) the beneficiary of a deceased participant who died before retirement, or (2) an alternate payee under a separate interest Qualified Domestic Relations Order (QDRO). **For those items marked "Proof Required," enclose a copy of the appropriate document if you have not already sent it to us.** Acceptable documents for proof of age include your birth or baptism certificate, or U.S. passport; for marriage, a marriage certificate. Please make sure that proof documents are legible before sending to PBGC. If you have questions about other acceptable documents, call our Customer Contact Center at 1-800-400-7242. **Print clearly with blue or black ink.**

## 1. General information about you

Last Name						First Name													
Middle Name						Other Last Name(s) Used													
Social Security Number						Date of Birth (Copy of Proof Required)						Gender		MALE	<input type="checkbox"/>				
			-				/		/			FEMALE		<input type="checkbox"/>					
Mailing Address										Apartment / Route Number									
City										State		Zip Code							
Country										Email									
Daytime Phone										EXTENSION		Evening Phone							
(				)	-				x			(			)	-			
Please enter your Annuity Starting Date (ASD) using the date from the Retirement Benefit Estimate that provides the amounts of your benefit options.														/		MONTH		YEAR	
Name of the plan participant:																			

CONTINUE ON BACK ➡

Plan Number:

Participant Name:

Your relationship to the plan participant:		MARK ONLY ONE																																					
<p><b>A. Beneficiary</b> - The benefits are from the pension plan of someone who is deceased.</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <p>Date of participant's death:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> <tr> <td colspan="13" style="text-align: center;">/</td> <td colspan="2" style="text-align: center;">/</td> <td colspan="2" style="text-align: center;"> </td><td colspan="2" style="text-align: center;"> </td><td colspan="2" style="text-align: center;"> </td><td colspan="2" style="text-align: center;"> </td> </tr> </table> </div> <div style="width: 35%; border-left: 1px solid black; padding-left: 5px;"> <p style="font-size: small; margin: 0;"><b>Marriage Proof Required (Certificate or Common Law document)</b></p> <p style="font-size: x-small; margin: 0;">(Copy of Death Certificate Required)</p> </div> </div>																/													/										<input type="checkbox"/>
/													/																										
<p><b>B. Alternate payee</b> - I have a Qualified Domestic Relations Order (QDRO) that establishes my right to receive some or all of a participant's benefits from a pension plan.</p> <p>Date of QDRO:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> <tr> <td colspan="13" style="text-align: center;">/</td> <td colspan="2" style="text-align: center;">/</td> <td colspan="2" style="text-align: center;"> </td><td colspan="2" style="text-align: center;"> </td><td colspan="2" style="text-align: center;"> </td><td colspan="2" style="text-align: center;"> </td> </tr> </table>																/													/										<input type="checkbox"/>
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**2. Election of Benefit Form** – You may receive your benefit in one of the benefit forms listed below if you are an Alternate Payee with a separate interest under a QDRO; you are entitled to a Qualified Preretirement Survivor Annuity (QPSA) because your spouse died before retiring; or your former spouse granted you a QPSA under a QDRO. Before you choose an option, please read the examples in *Your Benefit, Your Choice* attached to this application and the calculations included in your package. The calculations show the amount you would receive under each benefit form.

Benefit Form	MARK ONLY ONE
A. The form your plan would pay you automatically, if different from below	<input type="checkbox"/>
B. 5-year Certain-and-Continuous Annuity Certain payment period starts on ASD in Section 1.	<input type="checkbox"/>
C. 10-year Certain-and-Continuous Annuity Certain payment period starts on ASD in Section 1.	<input type="checkbox"/>
D. 15-year Certain-and-Continuous Annuity Certain payment period starts on ASD in Section 1.	<input type="checkbox"/>
E. Straight Life Annuity	<input type="checkbox"/>

CONTINUE

Plan Number:

Participant Name:

**3. Designation of Beneficiary for payments owed at Death** – PBGC will pay any money we owe you at the time of your death and/or for the remaining period of a Certain & Continuous benefit to the person(s) and/or entity(ies) (such as a trust, church, estate or other organization) that you designate below. If you do not make a designation, or if all the beneficiaries you designate below die before you, PBGC will pay the money in this order to: your spouse, your children, your parents, your estate, or your next of kin.

Beneficiary(ies)*	Social Security Number**	Date of Birth**	Relationship	Percentage** *
Name _____ Address _____ _____ Daytime Tel. No: _____				
Name _____ Address _____ _____ Daytime Tel. No: _____				
Name _____ Address _____ _____ Daytime Tel. No: _____				

\*To name more beneficiaries, please list them with requested contact info, DOB and SSN on an attached sheet with your signature.

\*\*Complete if person.

\*\*\* Percentage(s) does not have to be provided.

The amount owed will be distributed equally among beneficiaries unless percentages are provided for each beneficiary and they total 100%. If a beneficiary dies before you, the amount owed will be distributed equally among the remaining beneficiaries.

**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.

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.*

Plan Number:

Participant Name:

**Method of receiving benefit payments (continued)**

How would you like to receive your payments?	MARK ONLY ONE
<b>A. By EDD</b> to the account identified below, which must have your name on it.	<input type="checkbox"/>
<b>B. By mail to my home address</b> , which is printed in section 1 of this form. You may choose this option if EDD would be difficult or a burden because: <ul style="list-style-type: none"> <li>• You do not have a bank account.</li> <li>• You reside in a remote locate that does not have the infrastructure to support electronic fund transfers</li> <li>• It is too expensive for you to maintain a bank account</li> </ul>	<input type="checkbox"/>

**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.

<b>SAMPLE CHECK</b>		Date _____	101
Pay to the Order of _____		\$ _____	
Memo _____			
●:012345678	1234567890	101	
Routing Number	Account Number	Check Number	

**All fields required**

Name(s) on the Account ( <b>Your name must be on the account</b> )											
Routing Number							Account Number – Numbers only			Account Type	
									Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	

**CONTINUE** ➡

Plan Number:

Participant Name:

**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 pages 2 and 3 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.** This means that for the year 2021 we will withhold taxes only if your monthly PBGC benefit is \$2,100.00 or more.

**A.** I elect not to have federal income tax withheld. (Available to U.S. residents only.)

**OR**

**B.** I elect to have federal income tax withheld based on IRS instructions.

Marital Status (REQUIRED)

Single Married 

Number of withholding allowances (REQUIRED)

Additional monthly amount to be withheld (optional):

.00

**OR**

**C.** I elect to have the following amount withheld for federal income tax.

The dollar amount or percentage to be withheld monthly:

.00

OR \_\_\_\_%

\$

**6. 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 of the information I have provided on this form is true and correct.

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 OR PROOF DOCUMENT COULD DELAY YOUR FIRST PAYMENT.**

1. Did you sign and date the application?	<input type="checkbox"/>
2. Did you enclose a copy of your proof of age document? Your driver's license is not a proof document.	<input type="checkbox"/>
3. Did you enclose a copy of the participant's death certificate, if applicable?	<input type="checkbox"/>
4. Did you enclose a copy of your marriage certificate or common law document, if applicable?	<input type="checkbox"/>
5. Did you make only one election regarding federal tax withholding and is election complete?	<input type="checkbox"/>