PBGC	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	☐ MALE ☐ 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	☐ Home ☐ Mobile
11. Secondary Phone	**12. Phone Type**
(5 5 5) 3 4 5 - 6 7 8 9	☐ Home ☐ 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	Month	Year
Enter the Retroactive Annuity Starting Date you are electing.	M M /	Y Y Y Y

16. Were you employed on your Retroactive Annuity Starting Date?	☐ YES ☐ 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.

CONTINUE ➡

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.)**	☐

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**

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

$ ☐☐☐☐ **.00**   **OR**   ☐ **%**

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?	☐
2. If you want to change your federal tax withholding in Section 3, did you elect only one option and is the election complete?	☐

CONTINUE ➡