



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

For Assistance Call 1-800-400-7242

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

INSTRUCTIONS: Use this form to request a lump-sum payment. As proof of your date of birth, enclose a copy of your birth or baptism certificate, or U.S. Passport. If you are a deceased participant's spouse, enclose a copy of your marriage certificate if you have not already sent it to us. Please make sure that proof documents are legible before sending to PBGC. If you have questions about other documents we accept as proof, call our Customer Contact Center at 1-800-400-7242. Print clearly with blue or black ink.

Section 1: General Information About You

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

Social Security Number Date of Birth MM/DD/YYYY PROOF REQUIRED Gender
MALE
FEMALE

Mailing Address Apartment / Route Number
City State Zip Code
Country Province

Primary Phone Phone Type
Home
Mobile

Secondary Phone Phone Type
Home
Mobile

Plan Number:  
Participant Name:

**Section 2a: Marital Status - Please complete both 2a. and 2b.**

**Are you currently married?** Yes  No

Spouse's Last Name	Spouse's First Name
Spouse's Middle Name	Other Last Name(s) Used

Spouse Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Spouse Date of Birth MM/DD/YYYY <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of Marriage MM/DD/YYYY PROOF REQUIRED	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Section 2b: 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 of your benefit be paid to a spouse, former spouse, child, or other dependent?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

**Section 3: Lump-sum payment election**

If you are the participant, you and your spouse have to make an important decision about how your benefit is paid.

**Important Information about Your Benefit Choices**

You need to decide whether you want to receive your benefit as a single lump-sum payment now or as a monthly annuity benefit. If you are currently married and want a lump-sum payment, your spouse's consent is needed for PBGC to comply with your election.

If you complete this application and your spouse consents on the next page to your election, PBGC will pay your entire benefit to you in a lump-sum. No annuity benefits will be payable to you or your spouse. If you would prefer to receive your benefit in a monthly annuity form, *call PBGC and do not submit this application.*

**Annuity Benefit Form**

At the time that you are eligible to retire, PBGC will pay your benefit as an annuity, generally monthly, for your life. The form of your annuity benefit will depend on your marital status at retirement. If you are married, you will receive a joint-and-survivor benefit unless your spouse consents to your waiver of this form of benefit in writing. The joint-and-survivor form provides a benefit for your life and, if you die before your spouse, at least 50% of your benefit amount will be paid to your spouse for the rest of your spouse's life. To help pay for your spouse's benefits, your payment will most likely be reduced. If your spouse consents to your waiver of the joint-and-survivor benefit, or if you are not married, you may select from a number of PBGC optional benefit forms.

Plan Number:  
Participant Name:

**Lump-Sum Payment**

You will receive a single payment now of your entire benefit. No annuity benefits will be payable to you or your spouse.

**An example of your choices:**

Lump-sum payment: Sam elects a lump-sum payment and Carol consents to it (Carol signs in front of a notary public), and Sam receives \$7,000 in the form of a single lump-sum benefit, with interest. No future payments will be payable to Sam or Carol.

Joint-and-50% survivor annuity: Sam (age 74) and Carol (age 69) are married when Sam retires. Sam receives a payment of \$260 for the rest of his life. After Sam dies, Carol receives \$130 a month for the rest of her life. If Carol dies first, Sam will continue to receive \$260 a month for the rest of his life.

Other annuity choices: If Sam waives a joint-and-survivor annuity when he retires, and Carol consents to his waiver, other annuity benefit forms are available. To learn more about your specific annuity benefit choices, call PBGC at 1-800-400-7242.

**Section 4: Spousal consent for a participant to receive an elective lump-sum benefit.**

**If you are married and want to receive your benefit in a lump sum or single payment, your spouse must complete this section. Your spouse's consent must be signed in the presence of or acknowledged by a notary public.**

By signing below, I consent to my spouse's election to receive his/her benefit in a lump-sum or single payment. My consent is voluntary. I have read and I understand the information provided with this application. In particular, I understand all of the following:

- I have a right **not** to consent to my spouse's election of a lump-sum payment.
- If I **do not** consent, my spouse's benefit may only be paid in the automatic form for married participants. 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** consent to my spouse's election of a lump-sum payment, I cannot revoke my consent after PBGC makes the payment to my spouse.

\_\_\_\_\_  
SPOUSE'S SIGNATURE (MUST BE NOTARIZED)

\_\_\_\_\_  
DATE

**Must be signed by a Notary Public**

**To be completed by Notary Public:**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

\_\_\_\_\_  
DATE MY COMMISSION EXPIRES

\_\_\_\_\_  
NOTARY PUBLIC NAME

\_\_\_\_\_  
CITY / COUNTY

\_\_\_\_\_  
STATE

Plan Number:  
Participant Name:

**Section 5: 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 payment 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.*

**How would you like to receive your payment?**

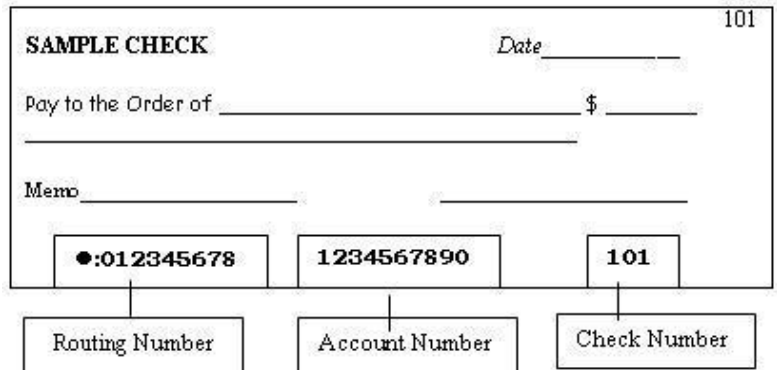
	My Choice MARK ONLY ONE
By EDD to the account identified below, which must be titled in my name although it is fine for there to be joint or other co-owners on the account.	<input type="checkbox"/>
B. By mail to my home address, which is printed in Section 1 of this form.	<input type="checkbox"/>

**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.**



**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"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>												Checking <input type="checkbox"/> Savings <input type="checkbox"/>

**Application for Elective Lump-Sum Payment, post RBD**

**PBGC Form 703RBD-MP**

Plan Number:  
Participant Name:

**Page 5 of 5**

**Section 6: Signature**

Sign and date this application in the presence of or acknowledged by a Notary Public. 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

**To be completed by Notary Public:**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

\_\_\_\_\_  
DATE MY COMMISSION EXPIRES

\_\_\_\_\_  
NOTARY PUBLIC NAME

\_\_\_\_\_  
CITY / COUNTY

\_\_\_\_\_  
STATE