



Election to Withdraw Employee Contributions

PBGC Form 713

Pension Benefit Guaranty Corporation

For Assistance Call 1-800-400-7242

If you are deaf, hard of hearing, or have a speech disability, please dial 7-1-1 to access telecommunications relay services.

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

INSTRUCTIONS: Complete this form to elect whether to withdraw contributions made to the above pension plan in a single sum. Please read the cover letter and this form carefully before you make an election.
Please print clearly with blue or black ink.

Section 1: General Information About You

1. Last Name	2. First Name											
3. Middle Name	4. Social Security Number <table><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr></table>				-			-				
			-			-						

5. Mailing Address	Apartment / Route Number	
City	State	Zip Code
Country		

6. Email Address (optional)														
7. Primary Phone <table><tr><td>(</td><td></td><td></td><td></td><td>)</td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr></table>	(				)				-					8. Phone Type ☐ Home ☐ Mobile
(				)				-						
9. Secondary Phone <table><tr><td>(</td><td></td><td></td><td></td><td>)</td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr></table>	(				)				-					10. Phone Type ☐ Home ☐ Mobile
(				)				-						



Mark One	Your relationship to the person who participated in the plan:																																				
☐	Self- The benefits are from my pension plan. I am: Married ☐ Not Married ☐ My date of birth: MM/DD/YYYY <table border="1"><tr><td></td><td></td><td></td><td>/</td><td></td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr></table>				/				/																												
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☐	Spouse - The benefits are from the pension plan of the participant who is deceased. Participant's name: _____ Participant's Social Security Number: <table border="1"><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td></tr></table> Participant Date of Birth: MM/DD/YYYY <table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Participant Date of Death: MM/DD/YYYY <table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>				-			-								/			/									/			/						
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☐	Alternate payee - I have a court order that establishes my right to receive some or all of a participant's benefits from a pension plan. Participant's name: _____ Date of Order: MM/DD/YYYY <table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			/			/																														
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Section 2. Withdrawal Election – Choose A or B.

You may withdraw the contributions any time before you retire or when you apply to start your pension benefits. Please read the enclosed Special Tax Notice Regarding Non-Periodic PBGC Payments before you make a withdrawal election and be sure you understand the implications of withdrawing the contributions.

Option A – You can only elect this option if you are applying for pension benefits at this time.

Option B – You can elect this option to 1) withdraw your contributions before you retire or 2) withdraw your contributions when you are applying for pension benefits.

Option A. Election Not To Withdraw Employee Contributions

If you are applying for pension benefits and do not want to withdraw your contributions in a single sum, check the box and sign and date below.

☐ **Election Not to Withdraw Employee Contributions**

I am applying for pension benefits. I elect not to withdraw the employee contributions in a single sum and to receive my pension which includes the amount derived from the employee contributions.

I understand that I cannot change this election after the date that my pension benefit payments begin.

If you elect Option A above, you need only sign below and return pages 1 through 3 of this form to PBGC.

Signature – Sign and date this form. 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: _____

**Option B. Election to Withdraw Employee Contributions**

If you want to withdraw the contributions (plus interest) in a single sum, check the box below and complete the remainder of this form. If you are the participant and you are married, your spouse must complete section 3.

☐ **Election to Withdraw Employee Contributions**

I elect to withdraw the contributions, plus interest, in a single sum. I understand that withdrawing the contributions now will result in a smaller pension payment.

I understand that I cannot change this election after PBGC pays the contributions (plus interest) to me.

If you are married, go to Section 3; otherwise go to Section 4.

Section 3: Spouse's consent for withdrawal of employee contributions

If you are the participant and you are married, your spouse's consent must be signed in the presence of or acknowledged by a notary public.

Spouse's Last Name	Spouse's First Name																					
Spouse's Middle Name	Other Last Name(s) Used																					
Spouse's Social Security Number <table border="1"><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr></table>				-			-					Date of Marriage <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>			/			/				
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By signing below: (1) I consent to my spouse's election to withdraw his or her pension contributions, plus interest, in a single sum. (2) My consent is voluntary and I have a right not to consent to my spouse's election. (3) I understand that as a result of agreeing to the withdrawal of my spouse's contributions in a single sum that any spousal benefit that I may receive will be reduced. (4) I cannot revoke my consent after PBGC pays the contributions, plus interest, to my spouse.

Spouse's 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

**Section 4: Payment Election**

Please read the enclosed Special Tax Notice Regarding Non-Periodic PBGC Payments and be sure you understand the tax implications of electing to have PBGC pay the contributions directly to you or to an individual retirement arrangement (IRA) or a qualified retirement plan.

Please elect only one option - A or B or C or D. If you do not elect an option or if you elect more than one option, PBGC will pay you according to option B.

Mark One	Select Option A or B or C or D. If you do not elect an option or if you elect more than one option, PBGC will pay you according to option B.																		
☐	Payment Option A: Roll over my payment to an IRA or a plan – Send my entire payment, plus interest, directly to an IRA or a qualified retirement plan. I understand that PBGC will not withhold taxes from my payment.																		
☐	Payment Option B: Pay me directly – Send my entire payment, plus interest, directly to me. I understand that PBGC will withhold 20% of the taxable amount of this payment for federal income tax. *Complete Section F if you want the payment to be sent directly to your bank account.																		
☐	Payment Option C: Split my payment - Send some of the money, plus interest, directly to me, and send some directly to an IRA or a qualified retirement plan, as follows: 1. Send this amount directly to me: <table border="1"><tr><td>\$</td><td></td><td></td><td></td><td></td><td></td><td>.</td><td></td><td></td></tr></table> I understand that PBGC will withhold 20% of the taxable amount for federal income tax. *Complete Section F if you want the payment to be sent directly to your bank account. 2. Send this amount to an IRA or a qualified retirement plan. <table border="1"><tr><td>\$</td><td></td><td></td><td></td><td></td><td></td><td>.</td><td></td><td></td></tr></table> I understand that PBGC will not withhold taxes from this part of my payment. Note: the amount must be at least \$500.	\$						.			\$						.		
\$						.													
\$						.													
☐	Payment Option D: Split my payment - Split my payment between Taxable and Non-taxable amounts. Send the non-taxable amount directly to me AND the taxable amount to an IRA or a qualified retirement plan. I understand that PBGC will not withhold federal income tax from either payment. *Complete Section 6 if you want the non-taxable amount to be sent directly to your bank account.																		

***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.*

Section 5: Rollover Information

Complete this section if you are choosing any option that includes rollover (A or C or D)

Name of IRA or Plan:

Type of IRA or Plan (Check One below):

- ☐ Traditional IRA
☐ Roth IRA
☐ Qualified Retirement Plan

Account Number:



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Name of Institution / Trustee

Daytime Phone

() -

Mailing Address

City

State

Zip Code

 -

Section 6: Method of Receiving Direct Payments

Complete this section if you are choosing option B or D, unless you want us to mail the payment to your mailing address.

Account Information

Complete this section to send your payment directly to your account at a bank or 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 change this arrangement by filing a new Form 710 Application for Electronic Direct Deposit. You can cancel this arrangement by notifying PBGC in writing. The financial institution can cancel it by sending you a written notice.

Or Attach a VOIDED check to this application.

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

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

Checking

☐

Savings

☐

Section 7: 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.

Signature

Date