



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 Number:
Date Printed:
Date of Plan Termination:

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 PROOF REQUIRED MM/DD/YYYY 7. Gender MALE FEMALE

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

9. Primary Phone 10. Phone Type Home Mobile

11. Secondary Phone 12. Phone Type Home Mobile

13. Marital Status

Are you currently married? YES NO

Enter spouse information as of the date you are completing this application.
Spouse Last Name Spouse First Name
Spouse Middle Name Other Last Name(s) used

17. Election of Benefit Form

Before you choose an option below, please review the Summary of Examples in *Your Benefit, Your Choice* (enclosed with this application). The summary provides an example of each option.

Refer to the Retirement Benefit Estimate based on the Annuity Starting Date (Block 15) included in your package that shows the amount of your benefit under the benefit forms below and your beneficiary choice.

Any cross-outs or changes in this section will require a new form.

NOTE: You cannot change your benefit form election (marked below) after PBGC makes the first payment to you.

Benefit Form	My Choice MARK ONLY ONE
A. Plan's Automatic Form for an Unmarried Participant <ul style="list-style-type: none">If this is a straight life annuity do NOT complete Blocks 18a/18b.If this is NOT a straight life annuity you must complete Block 18b.	<input type="checkbox"/>
B. Plan's Automatic Form for a Married Participant Complete Block 18a to select your spouse (from Block 13) as your beneficiary.	<input type="checkbox"/>
C. Straight Life Annuity Do NOT complete Blocks 18a/18b.	<input type="checkbox"/>
If selecting Options D – G below you must also complete Block 18a.	
D. Joint-and-50% Survivor Annuity	<input type="checkbox"/>
E. Joint-and-75% Survivor Annuity	<input type="checkbox"/>
F. Joint-and-100% Survivor Annuity	<input type="checkbox"/>
G. Joint-and-50% Survivor "Pop-up" Annuity	<input type="checkbox"/>
If selecting Options H – J below you must also complete Block 18b.	
H. 5-year Certain-and-Continuous Annuity (The 5-year Certain payment period starts on Annuity Starting Date in Block 15)	<input type="checkbox"/>
I. 10-year Certain-and-Continuous Annuity (The 10-year Certain payment period starts on Annuity Starting Date in Block 15)	<input type="checkbox"/>
J. 15-year Certain-and-Continuous Annuity (The 15-year Certain payment period starts on Annuity Starting Date in Block 15)	<input type="checkbox"/>

18a. Designation of Beneficiary for Survivor Annuity

Complete this section if you elected **Benefit Forms D-G** above.

Because you elected a joint-and-survivor annuity, your survivor annuity beneficiary designation is final and cannot be changed after PBGC makes your first payment.

The beneficiary identified below will receive the survivor annuity that continues after your death and any additional money owed to you at your death.

Ensure your choice of survivor annuity beneficiary is consistent with the information in your Retirement Benefit Estimate (name, date of birth). Any changes require a new Retirement Benefit Estimate.

If your survivor annuity beneficiary predeceases you, no continuing survivor annuity is payable. If we owe you any money at the time of your death (for example missed pension checks or any underpayments), we will pay the beneficiary(ies) you designate in Section 4.

Beneficiary (1)

Beneficiary Last Name				Beneficiary First Name											
Beneficiary Middle Name				Other Last Name(s) used											
Beneficiary relationship to you															
Beneficiary Social Security Number				Beneficiary 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Beneficiary Mailing Address				Apartment / Route Number											
City				State		Zip Code									
Country															
Beneficiary Primary Phone				Beneficiary Secondary Phone											
<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"/>	-	<input type="text"/>	<input type="text"/>

Beneficiary (2)

Beneficiary Last Name				Beneficiary First Name											
Beneficiary Middle Name				Other Last Name(s) used											
Beneficiary relationship to you															
Beneficiary Social Security Number				Beneficiary 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Beneficiary Mailing Address				Apartment / Route Number											
City				State		Zip Code									
Country															
Beneficiary Primary Phone				Beneficiary Secondary Phone											
<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"/>	-	<input type="text"/>	<input type="text"/>

Section 3: Spousal Consent to Elected Form of Benefit and Beneficiary

Leave this section blank if you:

- are not married.
- are married and chose Benefit Form B (Block 17) and a prospective Annuity Starting Date (on or after the date you contacted us to begin receiving benefits) in **Block 15**.

Your spouse must consent by signing and notarizing the block below if you:

- are married and did NOT choose Benefit Form B (Block 17)
- chose a retroactive starting date in **Block 15**

Your spouse's signature for the consent must be notarized by a notary public.

If your spouse does not consent, PBGC will pay your benefit in the normal married form.

To be completed by spouse:

By signing below, I consent to my spouse's election of the benefit form selected in **Block 17** and the beneficiary designated in **Block 18**. If my spouse is offered a retroactive annuity starting date, I consent to my spouse's election of the retroactive annuity starting date in **Block 15**. My consent is voluntary. I have read and I understand the information provided with this application.

I understand all the following:

- I have a right **not** to consent to my spouse's election.
- If I do **not** consent and my spouse chose a prospective annuity starting date in **Block 15**, my spouse's benefit will be paid in the plan's automatic form for married participants, Benefit Form Choice B in **Block 17**. 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 **not** consent and my spouse chose a retroactive annuity starting date in **Block 15**, PBGC will not process this application.
- If I **do** consent to my spouse's election, survivor benefits, if any, will be paid according to the benefit form and beneficiary designation elected by my spouse. As a result, if my spouse dies before me, I may not be entitled to any survivor benefits.
- If my spouse elects a certain and continuous annuity (Choice H, I, or J in **Block 17**), and if I consent to this election, my spouse can NOT make future changes to the beneficiary without my consent.
- If my spouse chose a retroactive annuity starting date in **Block 15**, the survivor annuity may be less valuable (that is, my monthly payment as a surviving beneficiary would be smaller) than the one available under a prospective annuity starting date.
- If I **do** consent to my spouse's election, I cannot revoke my consent after PBGC makes the first payment to my spouse.

SPOUSE'S SIGNATURE (MUST BE NOTARIZED)

DATE

To be completed by Notary Public:

On this _____ day of _____ Month, _____ Year,

I acknowledge that this Spousal Consent to Elected Form of Benefit and Beneficiary was signed by _____, who appeared personally before me, or whose identity or signature is personally known to me, or who has proved to me on the basis of satisfactory evidence that he/she is the authorized signer of this form.

DATE MY COMMISSION EXPIRES

NOTARY PUBLIC NAME

CITY / COUNTY

STATE

Section 4: Designation of Beneficiary for Payments Owed at Death

Everyone should complete this section.

PBGC may owe **you** money at the time of your death. Typically, this happens if your final benefit is higher than the estimated benefit we had been paying. It may also happen if you have uncashed payments at the time of death.

- **If another person continues to receive your benefit after your death (as with a joint-and-survivor or certain-and-continuous annuity)**, PBGC will pay any money owed to that person.
- **If there are no continuing benefits or the person designated to receive continuing benefits (in Block 18 a or b of this form) dies before you**, PBGC will pay any money owed you at the time of your death to the person(s) and/or entity(ies) (such as a trust, church, estate or other organization) that you designate in this section.

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.

To name more than three beneficiaries, list their names, dates of birth, relationship to you, Social Security numbers, contact information, and percentages on a separate sheet of paper, with your name and customer ID. Sign and date the sheet and attach it to this form.

Check here if an additional sheet is attached.

If a beneficiary dies before you, the amount owed will be distributed equally among the remaining beneficiaries.
If all beneficiaries die before you, the amount owed will be distributed equally among the remaining beneficiaries.

This designation replaces any previous designation and will only be effective when PBGC receives it.

Beneficiary (1)	_____ %	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.
Beneficiary (2)	_____ %	
Beneficiary (3)	_____ %	

Beneficiary Information (1)

Beneficiary Last Name				Beneficiary First Name			
Beneficiary Middle Name				Other Last Name(s) used			
Beneficiary relationship to you:							
Beneficiary Social Security Number				Beneficiary Date of Birth MM/DD/YYYY			
[][] - [][] - [][][][]	[][]	[][]	[][]	[][]	[][]	[][]	[][]
Beneficiary Mailing Address				Apartment / Route Number			
City				State		Zip Code	
Country							
Beneficiary Primary Phone				Beneficiary Secondary Phone			
([][][]) [][][] - [][][][]				([][][]) [][][] - [][][][]			

Beneficiary Information (2)

Beneficiary Last Name				Beneficiary First Name									
Beneficiary Middle Name				Other Last Name(s) used									
Beneficiary relationship to you													
Beneficiary Social Security Number				Beneficiary 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Beneficiary Mailing Address				Apartment / Route Number									
City				State		Zip Code							
Country													
Beneficiary Primary Phone				Beneficiary Secondary Phone									
<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"/>	<input type="text"/>	<input type="text"/>

Beneficiary Information (3)

Beneficiary Last Name				Beneficiary First Name									
Beneficiary Middle Name				Other Last Name(s) used									
Beneficiary relationship to you													
Beneficiary Social Security Number				Beneficiary 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Beneficiary Mailing Address				Apartment / Route Number									
City				State		Zip Code							
Country													
Beneficiary Primary Phone				Beneficiary Secondary Phone									
<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"/>	<input type="text"/>	<input type="text"/>

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 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.*

19. How would you like to receive your payments?

	My Choice MARK ONLY ONE
A. 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"/>

20. Bank or Financial Institution and Account Information

Provide the information below for PBGC to send your payment directly to your account at a bank or other 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.

Date _____ 101

SAMPLE CHECK

Pay to the Order of _____ \$ _____

Memo _____

●:012345678

1234567890

101

Routing Number

Account Number

Check Number

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" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

Section 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 the information I have provided on this form is true and correct.

Participant Signature

Date

THIS OPTIONAL CHECKLIST IS FOR YOUR USE

Please review 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 in Section 6?	<input type="checkbox"/>
2. Did you enclose a copy of your proof of age document? Your driver's license is <i>not</i> a proof of age document.	<input type="checkbox"/>
3. If you are married, did you enclose a copy of your marriage certificate?	<input type="checkbox"/>
4. If you completed Section 18a and selected "Other Beneficiary", did you enclose beneficiary proof of age?	<input type="checkbox"/>
5. If you are married, did you enclose a copy of your spouse's proof of age?	<input type="checkbox"/>
6. If you are married and elected a benefit form other than option B in Block 17, did your spouse sign Section 3 and was the signature notarized?	<input type="checkbox"/>
7. Did you complete Section 4 naming beneficiary(ies) for payments owed at death?	<input type="checkbox"/>
8. Did you complete and submit IRS Form W-4P to choose your federal tax withholding?	<input type="checkbox"/>