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# Form 700 – Request Calculation

To apply for benefits online, a user must have a benefit calculation in MyPBA. The calculation selected will be used got into pay.

| 1 Information review ✓   | Information review                       |                        |                                      |
|--|--|------------------------|--------------------------------------|
| 2. Retirement selection ✓  | 1) Is your information still             | current?               |                                      |
| <ol> <li>Choose surviving beneficiary ✓</li> <li>Review &amp; submit <sup>●</sup></li> </ol> | Full name<br>VNVBS DFUOAJ                |                        | Edit Information                     |
|  | Date of birth<br>05/25/1959              |                        |                                      |
|  | SSN or ITIN (without dashes)<br>2517     | Type of ID<br>SSN      |                                      |
|  | Marital status<br>Married                |                        |                                      |
|  | 2) Is your spouse's informa              | tion correct?          |                                      |
|  | Full name (of spouse)<br>QOLPU DFUOAJ    |                        | Edit Information                     |
|  | Date of birth (of spouse)<br>08/07/1959  |                        |                                      |
|  | 3) Is there a court order th<br>benefit? | at gives another perso | on the right to receive part of your |
|  | ® No ⊖Yes                                |                        |                                      |
|  | Return to My Plans                       |                        | Save & Continue                      |

## **Request a benefit calculation**

Get an estimate for the amount of benefit on the date you may want to start it.

| 1. | Inform | mation | review | $\checkmark$ |
|----|--------|--------|--------|--------------|

- 2. Retirement selection (5)
- 3. Choose surviving beneficiary
- 4. Review & submit

#### **Retirement selection**

You can only have one open calculation request per pension plan role at a time. If you are currently waiting on a calculation, you will not be able to request an additional calculation for the same pension plan role until you have received your prior request....

#### 1) Which pension plan do you need a calculation for?

Selected Plan \* Required

#### 2) When are you interested in starting your benefit?

Your benefit is calculated based on the date you select to start your benefit (benefit start date). Use the information below to help you choose a date. You may select up to five dates for requested calculations. If you are eligible for an Early Unreduced Retirement Date, we will automatically calculate your benefit amount for that date in addition to the date(s) you choose below. The dates you select must be the 1st of the month, and between your First Eligible Date and your Required Beginning Date. If your Required Beginning Date has passed, you must select that date.

~

| irst Eligible Date  | June 1, 202  |
|---|--------------|
| his is the earliest date you can start your benefit in this plan. |              |
| Iormal Retirement Date  | June 1, 202  |
| his is your normal date of retirement within this plan.           |              |
| equired Beginning Date  | April 1, 203 |
| his is the latest date you can start your benefit in this plan.   |              |
| Retirement date option 1 * Required                               |              |
| 06/01/2024  |              |
| Retirement date option 2  |              |
| MW/D0/YYYY  |              |
| Retirement date option 3  |              |
| MM/D0/YYYY  |              |
| Retirement date option 4  |              |
| MW/D0/YYYY  |              |
| Retirement date option 5  |              |
| MWDD/WW   |              |

# Request a benefit calculation

| Ge | et an estimate for the amount of be | enefit on the date you may want to start it.   |
|----|-------------------------------------|--|
| 1. | Information review                  | Choose surviving beneficiary   |
| 2. | Retirement selection 🗸              | Your surviving beneficiary will receive any continuing annuity payments from your plan and any other money owed to you at  |
| 3. | Choose surviving beneficiary 💿      | option you choose later, you may not be able to change your surviving beneficiary after you start to receive your benefit. |
| 4. | Review & submit                     | Please choose carefully.   |

When you are ready to apply for benefits, if you are married and choose a surviving beneficiary that is not your spouse, you will need to download and return to PBGC a completed and notarized Spousal Consent Form.

| Surviving beneficiaries to calcula | ate          |                               |
|------------------------------------|--------------|-------------------------------|
| Full Name                          | Relationship |                               |
| QOLPU DFUOAJ                       | Spouse       | Edit                          |
|                                    |              | Modify beneficiary selections |
| Back                               |              | Save & Continue               |

# Request a benefit calculation

Get an estimate for the amount of benefit on the date you may want to start it.

- 1. Information review ✓
- 2. Retirement selection 🗸
- 3. Choose surviving beneficiary 🔕
- 4. Review & submit

#### **Choose surviving beneficiary**

Your surviving beneficiary will receive any continuing annuity payments from your plan and any other money owed to you at the time of your death. Your benefit is calculated using the age of your surviving beneficiary. Depending on the benefit option you choose later, you may not be able to change your surviving beneficiary after you start to receive your benefit. Please choose carefully.

You may choose up to three beneficiaries to receive estimates for.

| DFUCAJ, QOLPU R  | • |      |
|--|---|------|
| 2) Select a second individual you would like to receive a calculation for.                 |   |      |
|  | ~ |      |
| <ol> <li>Select a third individual you would like to receive a calculation for.</li> </ol> |   |      |
|  | ~ |      |
| Or   |   |      |
|  |   |      |
| Add a New Contact  |   |      |
|  |   |      |
|  |   | _    |
| Back   |   | Save |

If the user wants to add a new contact as a beneficiary, he will have to enter the following information - screen 1 of 2 (user must scroll down)

|  | Choosing surviving beneficiary  |
|--|---|
| <ul> <li>Retirement selection ✓</li> <li>Choose surviving beneficiary ✓</li> <li>Review &amp; submit <sup>●</sup></li> </ul> | Your surviving beneficiary will receive any continuing annuity payments from your plan and any<br>other money owed to you at the time of your death. Your benefit is calculated using the age of your<br>surviving beneficiary. Depending on the benefit option you choose later, you may not be able to<br>change your surviving beneficiary after you start to receive your benefit. Please choose carefully. |
|  | 1) ) Who do you want to name as a your surviving beneficiary?   |
|  | Select a different contact >  |
|  | 2) Are your surviving beneficiary's details correct?  |
|  | Beneficiary's first name * Required Beneficiary's last name * Required  |
|  | Reneficiary's relationship to you * Required  |
|  |   |
|  | Beneficiary's birthday * Required   |
|  | MM/DD/YYYY  |
|  |   |
|  |   |
|  | Beneficiary's contact information   |
|  | Beneficiary's contact information<br>Beneficiary's email * Required   |
|  | Beneficiary's contact information Beneficiary's email * Required Beneficiary's mobile phone number * Required   |
|  | Beneficiary's contact information Beneficiary's email * Required Beneficiary's mobile phone number * Required Provide a telephone number  |
|  | Beneficiary's contact information         Beneficiary's email * Required         Beneficiary's mobile phone number *         Required         Provide a telephone number         Beneficiary's other phone number         Beneficiary's other phone number  |

## Beneficiary information - Screen 2 of 2

| Address line 1           |   |
|--------------------------|---|
|                          |   |
| Address line 2           |   |
|                          |   |
| Address line 3           |   |
|                          |   |
| City                     |   |
|                          |   |
| Country                  |   |
| UNITED STATES OF AMERICA | ` |
| State/Province           |   |
|                          | ` |
| Zip/postal code          |   |
|                          |   |
|                          |   |

Review & Submit – screen 1 of 3 (user must scroll down)

| Information review 🗸<br>Retirement selection 🗸   | Review your information                 | on<br>nation is correct, and then click the "Submit" button. |
|--|---|--|
| <ol> <li>Choose surviving beneficiary ✓</li> <li>Review &amp; submit <sup>●</sup></li> </ol> | Information review                      | Edit   |
|  | Full name<br>VNVBS DFUOAJ               |  |
|  | Date of birth<br>05/25/1959             |  |
|  | SSN or ITIN (without<br>dashes)<br>2517 | Type of ID<br>SSN  |
|  | Marital status<br>Married               |  |
|  | Your spouse's information               |  |
|  | Full name (of spouse)<br>QOLPU DFUOAJ   |  |

Review & Submit - screen 2 of 3 (user must scroll down)

| Retirement selection                                | Edit |
|---|------|
| Pension plan  | _    |
|   |      |
| I request an estimate(s) for a benefit to start on: |      |
| Retirement date option 1                            |      |
| June 1, 2024  |      |
| Retirement date option 2                            |      |
| July 1, 2024  |      |
| Retirement date option 3                            |      |
| November 1, 2026                                    |      |
| Retirement date option 4                            |      |
| Retirement date option 5                            |      |
|   |      |
| Legal information                                   |      |
| Are there any legal matters involved?               |      |
| No  |      |



# Form 700 – Apply for Benefits

The user must select the calculation they wish to use to start the process of applying for benefits.

|   |  |  | A Les           |
|---|--|--|-----------------|
| Home > My benefits  |  |  |                 |
| My plans  |  |  |                 |
| Below is a summary of your pension pl<br>verification letter for the plan.  | lan(s). Click on a plan to see plan details. You can   | also view your benefit payment details, tax information, or g  | et an income    |
| PBGC plan number  | Plan name 🕇  | My role  |                 |
|   |  | Participant  |                 |
| My benefit estimates<br>View details for the benefit estimates y<br>nine months of today, or you can requi  | S<br>You have requested. You can apply for benefits fo<br>est an estimate for a new retirement date.<br>it three months in advance of actual retirement d  | one of the completed estimates if your retirement date is waters. <b>Plan your retirement early!</b> | vithin three to |
| Completed estimates<br>Requested on 03/08/2024 for<br>• Retirement Date June 01, 202  | 24 (named survivor: DFGSSA, Survivor 1)  | LE TO APPLY  |                 |
| Completed estimates<br>Requested on 03/08/2024 for<br>• Retirement Date June 01, 202<br>• Retirement Date June 01, 2024<br>• Retirement Date July 01, 2024<br>• Retirement Date July 01, 2024 | 24 (named survivor: DFGSSA, Survivor 1) ELIGIB<br>24 (named survivor: DFUOAJ, QOLPU R) ELIGIBL<br>4 (named survivor: DFGSSA, Survivor 1) ELIGIBL<br>4 (named survivor: DFUOAJ, QOLPU R) ELIGIBLE | LE TO APPLY<br>E TO APPLY<br>E TO APPLY<br>TO APPLY  |                 |

#### **Benefit estimate details**

for retirement on June 01, 2024 within the plan:

## Home > My Benefits > Benefit estimate details

#### My benefit details

| DFU                            | med survivor<br>UOAJ, QOLPU R               |   | Survivor's birthday 08/07/1959 |   |   |                  |
|--------------------------------|---|---|--------------------------------|---|---|------------------|
| Sun                            | vivor's relationship<br>ouse                |   |                                |   |   |                  |
|                                |   |   | Retirer                        | nent Benefit Estimate                               |   |                  |
| Particip<br>Date of<br>Annuity | aant:<br>f Birth:<br>y Start Date:          | VNVBS DFUOAJ<br>May 25, 1959<br>June 01, 2024 |                                | Beneficiary:<br>Date of Birth:<br>Beneficiary Type: | QOLPU DFUOAJ<br>August 07, 1959<br>Spouse |                  |
|                                |   | Benefit For                                   | m                              |   | Participant Benefit                       | Survivor Benefit |
| A:                             | Plan's Automatic Fo<br>Straight Life Annuit | orm for Unmarried Participant:<br>V           |                                |   | \$1188.87                                 | \$0.00           |
| B:                             | Plan's Automatic Fo<br>Joint-and-50% Surv   | orm for Married Participant:<br>/ivor Annuity |                                |   | \$1090.55                                 | \$545.28         |
| C:                             | Straight Life Annuit                        | У   |                                |   | \$1188.87                                 | \$0.00           |
| D:                             | Joint-and-50% Surv                          | vivor Annuity                                 |                                |   | \$1090.55                                 | \$545.28         |
| E:                             | Joint-and-75% Surv                          | vivor Annuity                                 |                                |   | \$1048.56                                 | \$786.42         |
| P:                             | Joint-and-100% Su                           | rvivor Annuity                                |                                |   | \$1009.68                                 | \$1009.68        |
| G:                             | Joint-and-50% Surv                          | vivor "Pop-up" Annuity                        |                                |   | \$1071.80                                 | \$535.90         |
| H:                             | 5-year Certain-and                          | Continuous Annuity                            |                                |   | \$1174.69                                 | \$1174.69        |
| l:                             | 10-year Certain-and                         | d-Continuous Annuity                          |                                |   | \$1134.41                                 | \$1134.41        |
| J:                             | 15-year Certain-and                         | d-Continuous Annuity                          |                                |   | \$1075.46                                 | \$1075.46        |

When you are ready, you can apply for benefits for the retirement date shown in this estimate. During this process you will:

· Verify your personal and contact information

- Select your benefit option

Choose your beneficiaries
Select your payment destination

You may also be asked to submit additional documents, but we will let you know which ones as you go through the steps.

#### View all of my benefit estimates >

Save/Print Estimate Document

View Your Benefit Your Choice

Apply for benefits

# Apply for benefits

## for retirement on June 01, 2024 within the

| 1.<br>2.<br>3.<br>4.<br>5.<br>6. | My Information<br>Confirm retirement date<br>Verify personal information<br>Describe your relationship status<br>Benefit selection<br>Surviving Beneficiary<br>Payments<br>Taxes<br>Review & Submit | Retirement details       Calculated retirement date       Estimate document         June 01, 2024       1) When do you want to start your pension benefits?         Actual retirement date (Pension benefits beginning date from your optional benefit form) |
|----------------------------------|---|--|
|                                  |   | Save & Continue  |

| Apply for benefits<br>for retirement on June 01, 2024 within t   | he  | 3  |
|--|---|--|
| <ol> <li>My Information S         Confirm retirement date ✓         Verify personal information S         Describe your relationship status     </li> <li>Benefit selection</li> <li>Summing Receivings</li> </ol> | Information about you 1) Personal information Please review your personal information for acc Full name | suracy. Please visit your <u>profile</u> to make any corrections.<br>Date of birth |
| <ol> <li>Surviving beneficiary</li> <li>Payments</li> <li>Taxes</li> <li>Review &amp; Submit</li> </ol>  | VNVBS DFUOAJ<br>SSN or ITIN   | 05/25/1959   |
|  | Mailing address   | edit address   |
|  | Gender<br>Male<br>Mobile phone  | edit information   |
|  | Other phone   | Other phone extension  |
|  | Back  | Save & continue  |

| Apply for benefits<br>for retirement on June 01, 2024 within   | n the   | 13/2  |
|--|---|---|
| <ol> <li>My Information Confirm retirement date Verify personal information Describe your relationship status</li> <li>Benefit selection</li> <li>Surviving Beneficiary</li> <li>Payments</li> <li>Taxes</li> <li>Review &amp; Submit</li> </ol> | Marital status<br>A conservently married.<br>Prove and currently married.<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove<br>Prove | Spouse's first name<br>QOLPU<br>Other last name(s) used<br>Spouse's date of birth * Required<br>08/07/1959<br>order, etc. that requires some or all of your benefit to be paid to a |
|  | Back  | Save & Continue   |

# Apply for benefits

## for retirement on June 01, 2024 within the

| 1. My Information ✓               | Marital status  |   |
|-----------------------------------|---|---|
| Confirm retirement date 🗸         | 1) Are you currently married?   |   |
| Describe your relationship status | $^{\bigcirc}$ No, I am not currently married.<br>$^{\circledast}$ Yes, I am currently mar                                   | ried.   |
| 2. Benefit selection ✓            | Spouse's last name  | Spouse's first name   |
| 3. Surviving Beneficiary ✓        | DFUOAJ  | QOLPU   |
| 5. Taxes ✓                        | Spouse's middle name  | Other last name(s) used   |
| 6. Review & Submit 💿              | R   |   |
|                                   | Date of marriage * Required   | Spouse's date of birth * Required   |
|                                   | 03/20/1983  | 08/07/1959  |
|                                   | You will need to mail a copy of your marriage certificate and<br>your spouse's birth certificate.                           |   |
|                                   |   |   |
|                                   | 2) Is there a court order?  |   |
|                                   | For example - domestic relations order, divorce decree, chi<br>benefit to be paid to a spouse, former spouse, child, or oth | ld support order, etc. that requires some or all of your<br>er dependent? |
|                                   | ○ No ® Yes  |   |
|                                   | Date of court order * Required  |   |
|                                   | MM/DD/YYYY  |   |
|                                   | Name of alternate payee * Required  |   |
|                                   |   | ~   |
|                                   |   |   |
|                                   |   |   |
|                                   | Back  | Save & Continue   |

There is an embedded link if the user clicks – *Your Benefit, Your Choice – PBGC Benefit Options* that takes the user to descriptions of the different forms of benefit.

| Apply for benefits<br>for retirement on June 01, 2024 within the   | -5/20   |
|--|---|
| <ol> <li>My Information </li> <li>Confirm retirement date </li> <li>Verify personal information </li> <li>Describe your relationship status </li> <li>Benefit selection </li> <li>Surviving Beneficiary</li> <li>Payments</li> <li>Taxes</li> <li>Review &amp; Submit</li> </ol> | Election of benefit form         1) Select your form of benefit         Before you choose an option below, please read the example in <u>Your Benefit Your Choice</u> . Refer to the calculations included in your package that show the amount of your benefit under the Plan's Automatic Forms (options A and B) and the amount under PBGC's Optional Benefit forms (options C through J).         Note: You cannot change your benefit election (marked below) after PBGC makes the first payment to you.         Named survivor       Estimate document         DFUOAJ, QOLPU R |
|  | Benefit Option<br>A: Plan's Automatic Form for an Unmarried Participant (Straight Life Annuity with No Survivor Benefits)<br>B: Plan's Automatic Form for a Married Participant (Joint and 50% Survivor Annuity)  |
|  | <ul> <li>C: Straight Life Annuity</li> <li>D: Joint-and-50% Survivor Annuity</li> </ul>   |
|  | E: Joint-and-75% Survivor Annuity  F: Joint-and-100% Survivor Annuity   |
|  | O G: Joint-and-50% Survivor "Pop-up" Annuity  |
|  | H: 5-year Certain-and-Continuous Annuity     Certain payment period starts on your Actual Retirement Date   |
|  | Certain payment period starts on your Actual Retirement Date  |
|  | Back Save & Continue  |



## Surviving Beneficiary Review - screen 1 of 2 (user must scroll down)

| Apply for benefits<br>for retirement on June 01, 2024 within the   |   | 13/200  |
|--|---|---|
| <ol> <li>My Information </li> <li>Confirm retirement date </li> <li>Verify personal information </li> <li>Describe your relationship status </li> <li>Benefit selection </li> <li>Surviving Beneficiary </li> <li>Payments </li> <li>Taxes</li> <li>Review &amp; Submit</li> </ol> | Designation of "Other beneficiary" for continuing payme<br>Complete this section if you elected any benefit form from D through J in Sectior<br>your beneficiary designation is final and cannot be changed after PBGC makes yo<br>change your beneficiary at any time.<br>Note: The beneficiary will receive benefits that continue after your death, and will<br>1) Who do you want to name as your surviving beneficiar<br>DFUGAJ, QOLPU R<br>Select a different contact > | ents<br>n 2 and checked "Other Beneficiary". If you elected a joint-and-survivor annuity,<br>our first payment. If you elected a certain-and-continuous annuity, you may<br>I also receive any additional money owed to you at your death.<br>ry? |
|  | 2) Add your surviving beneficiary details Beneficiary's last name * Required DFUCAU Beneficiary's middle name R Beneficiary's relationship to you * Required Socuse C Beneficiary's birthday * Required QR/0K/1959  | Beneficiary's first name * Required   |
|  | Beneficiary's contact information<br>Beneficiary's email * Required<br>mask@pbgc.gov<br>Beneficiary's other phone<br>Provide a telephone number<br>3) Is your beneficiary's mailing address the same as your<br>* No © Yes  | Beneficiary's mobile phone * Required Beneficiary's other phone ext wwn?  |

## Surviving Beneficiary Review - screen 2 of 2

| Beneficiary's mailing address<br>Country/Region |                 |
|---|-----------------|
| Street address                                  |                 |
|   |                 |
| City  |                 |
| State/Province                                  |                 |
| Zip/Postal code                                 |                 |
| Back  | Save & Continue |

| Apply for benefits<br>for retirement on June 01, 2024 within the   | 3/200   |
|--|---|
| <ol> <li>My Information </li> <li>Confirm retirement date </li> <li>Verify personal information </li> <li>Describe your relationship status </li> <li>Eenefit selection </li> <li>Surviving Beneficiary </li> <li>Payments </li> <li>Taxes</li> <li>Review &amp; Submit</li> </ol> | Designation of "Other beneficiary" for continuing payments         Complete this section if you elected any benefit form from D through J in Section 2 and checked "Other Beneficiary". If you elected a joint-and-survivor annulty, your beneficiary designation is final and cannot be changed after PBGC makes your first payment. If you elected a certain-and-continuous annulty, you may change your beneficiary at any time.         Note: The beneficiary will receive benefits that continue after your death, and will also receive any additional money owed to you at your death.         Added surviving beneficiary         Full name         DFUOAJ, QOLPU R         Relationship         Spouse         Edit         Back |
|  |   |

#### Apply for benefits

#### for retirement on June 01, 2024 within the

- 1. My Information 🗸
- Confirm retirement date ✓ Verify personal information ✓ Describe your relationship status ✓
- 2. Benefit selection ✓
- 3. Surviving Beneficiary ✓
- 4. Payments 🕥
- 5. Taxes
- 6. Review & Submit

#### 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).

If you do not have a bank account, you can open a low-cost Electronic Transfer Account (ETA) at a financial institution that offers such accounts. For more information about opening an ETA, call 1-888-382-3111 (toll-free) or visit the ETA website at <u>www.eta-find.gov</u>.

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.

#### 1) How would you like to receive your payments?

 $^{\odot}$  By EDD or ETA to an account that must have your name on it.

By mail to my home address, which is the primary or secondary address you marked as your mailing address. You may choose this option if EDD or ETA would be difficult or a burden because:

- · You do not have a bank account.
- You reside in a remote location that does not have the infrastructure to support EDD or ETA.
- It is too expensive for you to maintain a bank account.





## Electronic Deposit option – screen 1 of 2 (user must scroll)

| 6. Review & Submit | JOHN DOE<br>1234 MAIN ST<br>FRESNO, CA 93711<br>PAY TO THE<br>OR DEP OF | 1234                   |
|--------------------|---|------------------------|
|                    |   | DOLLARS Desits to back |
|                    | MEMO  | <u>۳</u> ا             |

## Electronic Deposit option – screen 2 of 2

| Name(s) on bank account (Y | our name must be on the account) * Rea | equired |  |
|----------------------------|--|---------|--|
| VNVBS DEUQAU               |  |         |  |
| Account type * Required    |  |         |  |
| <sup>O</sup> Checking      |  |         |  |
| * Savings                  |  |         |  |
| Routing number * Required  |  |         |  |
|                            |  |         |  |
| Account number * Required  |  |         |  |
|                            |  |         |  |
|                            |  |         |  |
|                            |  |         |  |
| Pack Malidate Pack De      | -10-                                   |         |  |
| Dack Validate Bank De      | alts                                   |         |  |

| Name(s) on bank account (Your name must be on the account) * Required |  |
|---|--|
| VNV85 DFUOAJ  |  |
| Account type * Required   |  |
| Checking  |  |
| * Savings   |  |
| Bouting number * Required   |  |
|   |  |
|   |  |
| Account number * kequired   |  |
|   |  |
|   |  |
|   |  |
| Back Processing   |  |

Once the routing number has been validated, additional fields containing financial institution details are displayed and the user can the "Save & Continue" button to proceed.

| Account type * Required<br>Checking<br>* Savings<br>Routing number * Required<br>Account number * Required<br>Account number * Required<br>Country/Region<br>Untes States of America<br>Street address<br>City<br>City<br>City<br>II/P/Postal code<br>III/Postal code | Account type * Required Checking * Savings Routing number * Required Count number * Required Country/Region Undea Saze of America Street address City City Information City City Information City City City City City City City Cit | VNVBS DFUOAJ              |  |  |
|---|--|---------------------------|--|--|
| Checking Savings  Routing number * Required  Account number * Required  Account number * Required  Country/Region Untes Saves of America  Street address  City  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII   | C Checking<br>* Savings<br>Routing number * Required<br>Account number * Required<br>Country/Region<br>United State of America<br>Street address<br>City<br>ZIP/Postal code<br>Institution/Bank name   | Account type * Required   |  |  |
| * Savings Routing number * Required Count number * Required Country/Region Unked States of America Street address City City City City City City City City   | Savings  Routing number * Required  Count number * Required  Count y/Region  United States of America  Street address  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII  | <sup>O</sup> Checking     |  |  |
| Routing number * Required Account number * Required Country/Region Unted States of America Street address City City City City City City City City   | Routing number * Required  Account number * Required  Country/Region United States of America Street address City City City City City City City City   | Savings                   |  |  |
| Account number * Required Country/Region United Stress of America Street address City ZIP/Postal code Institution/Bank name   | Account number * Required Country/Region United Status of America Street address City City IP/Postal code Institution/Bank name  | Routing number * Required |  |  |
| Account number * Required  Account number * Required  Country/Region  United States of America  Street address  City  IP/Postal code  Institution/Bank name   | Account number * Required Country/Region Unted States of America Street address City City City City City City City City  |                           |  |  |
| Country/Region United States of America Street address City III/Postal code IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII  | Country/Region Country/Region Unte States of America Street address City City IJP/Postal code Institution/Bank name Institution/Bank name  | Account number * Required |  |  |
| Country/Region United States of America Street address City IJP/Postal code IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII  | Country/Region Untes States of America Street address City City City City Institution/Bank name Institution/Bank name  |                           |  |  |
| United States of America Street address City ZIP/Postal code Institution/Bank name  | United States of America Street address City City City City City City City City  | Country/Region            |  |  |
| Street address  City  ZIP/Postal code  Institution/Bank name  | Street address Street address Gty Gty ZJP/Postal code Institution/Bank name Institution/Bank name  | United States of America  |  |  |
| City City City City City City City City   | City<br>ZIP/Postal code<br>Institution/Bank name   | Street address            |  |  |
| City ZiP/Postal code Institution/Bank name  | City ZiP/Postal code Institution/Bank name   |                           |  |  |
| ZIP/Postal code   | ZIP/Postal code Institution/Bank name Institution/Bank name  | City                      |  |  |
| ZIP/Postal code Institution/Bank name   | ZIP/Postal code  |                           |  |  |
| Institution/Bank name   | Institution/Bank name  | ZIP/Postal code           |  |  |
| Institution/Bank name   | Institution/Bank name  | 1                         |  |  |
|   |  | Institution/Bank name     |  |  |
|   |  |                           |  |  |
|   |  |                           |  |  |
|   |  | Back Save & Continue      |  |  |

| А  | pply for benefits<br>for retirement on <b>June 01, 2024</b> with | nin the  |
|----|--|--|
| 1. | My Information 🗸   | Federal tax election   |
|    | Confirm retirement date 🗸  | To make sure you receive your first monthly payment on time, PBGC will withhold for federal income tax using the required Internal<br>Revenue Service (IRS) default tax election, which is single individual or married filing separately. |
|    | Verify personal information 🗸                                    | sonten oon ofnette verteene oonervande af netterene and oon netterenetterenetterenetterenetterenetterenetteren   |
|    | Describe your relationship status 🗸                              |  |
| 2. | Benefit selection 🗸  |  |
| 3. | Surviving Beneficiary 🗸  |  |
| 4. | Payments 🗸   |  |
| 5. | Taxes 💿  |  |
| 6. | Review & Submit  | Back   |

#### Review & Submit - screen 1 of 2 (user must scroll down)





# Form 701 – Payee Information

| Submit My summary Welcome, TCVLEE TDNRX  |  |
|--|--|
| Welcome, TC <u>VLEE TDNRX</u>  |  |
| Notifications  |  |
| There are no announcements from PBGC at this time.  Go green! Make email your preferred communication method using the "Update information" button below." |  |
| My information Be sure your contact information is up to date!   |  |

If the user selects "yes" to confirm he is a participant in the plan, the user is directed to the My Summary page.



If the user selects "No" to confirm he is a participant, he must select his correct role and fill in the information shown below.

|   |  | PBCC Pension Benefit G  |
|---|--|---|
|   | Customer Pole Surray   | Benefits <u>My Documents</u> <u>My Transactions</u> <u>My Profile</u> |
|   | Please confirm that you are a participant in   |   |
|   | * Required   |   |
| Myrda   | ™ No ⊖ Yes   |   |
| PENSION BENEFIT ACCESS  |  |   |
|   | Please select your role in   |   |
| My summary  |  |   |
| wy summary  | Beneficiary The benefits are from the pension plan of<br>someone who is deceased.                                    |   |
| Home > My summary   | 0  |   |
|   | Spouse The benefits are from the pension plan of my spouse<br>who is deceased  |   |
| Welcome, TC <u>VLEE TDN</u> RX  | 0  |   |
| Customer ID:  | Alternate Payee The benefits are from someone else's<br>pension plan but were assigned to me based on a court order. |   |
| Notifications   | pension plan but were assigned to the based on a court order.  |   |
| There are a second and the DDCC at the feat   | Participant's first name * Required  |   |
| There are no announcements from PBGC at this time.  |  |   |
| Go green! Make email your preferred communication m   | Participant's middle name  |   |
| and the second se |  |   |
| My information  | Participant's last name * Required   |   |
| Be sure your contact information is up to date!   |  |   |
| Mobile phone -  |  | Mail  |
| Other phone   | SSN or ITIN? * Required  |   |
| Email mask@pbgc.gov   | 5531   |   |
| Date of birth 11/12/1963  |  |   |
| Update information  | Participant's SSN of HIN * Required  |   |
|   |  |   |
| Plans   | Participant's date of birth * Required   |   |
| Below is a summary of your pension plan(s). Click on a plan to see pla<br>plan.   |  | nt details, tax information, or get an income verification le         |
| Your role in the pension plan is designated in the table under "My role   | Participant's date of death * Required   |   |
| PBGC plan number  | MM/DD/YYYY   | Ny role   |
| 16346600  |  | Participant   |
| 19922400  |  | Participant   |
|   | Submit   |   |
| All of my contacts  |  |   |
|   |  |   |

# Form 707 – Designation of Beneficiary for Benefits Owed at Death (Receiving Benefits)

|  |   |   | -31   |                                       |
|--|---|---|---|---------------------------------------|
| Home > My benefits > M   | ly benefit details  |   |   |                                       |
| PBGC plan numb   | er:   |   |   |                                       |
| See below for details about you  | r pension plan and to designate beneficiaries.  |   |   |                                       |
| View payment & tax details   | Get income verification statement   |   |   |                                       |
| Mv benefit detai   | ls  |   |   |                                       |
| Your role in the pension plan is   | designated in the table under "My role." Pleas  | e call us at 1-800-400-7242 if that inform  | mation is incorrect.  |                                       |
| My role<br>Participant   |   | Plan sponsor  |   |                                       |
| My beneficiaries   |   |   |   |                                       |
| Below are the survivor(s) for co   | ntinuing payments and beneficiary(ies) for pay  | ments owed at death you have designat   | ted under the plan.   |                                       |
| PBGC must have current contac<br>in <u>Contacts</u> . We cannot accept                                       | t information for every person you designate<br>a designation without information in Contacts.  | as a survivor or beneficiary. Before you c  | designate survivors or beneficiaries, make sure t   | heir <mark>inf</mark> ormation is     |
| Designated survivor(s  | ) for continuing payments   | ot change them.   |   |                                       |
| Your designated survivors will r<br>when you apply for your benefi<br>a modified cash refund annuity<br>Name | eceive any continuing annuity payments from<br>t. If you are receiving a joint-and-survivor ann<br>you may change your designated survivor at<br>Relationship | your plan and any other money owed to<br>uity, you cannot change your designated<br>any time.<br>Percentage | o you at the time of your death. You designate y<br>d survivor. If you are receiving a certain-and-cor<br>Date Designated | rour survivors<br>ntinuous annuity or |
|  |   | 100.00%   |   |                                       |
| Designated beneficiar<br>If your designated survivor dies<br>continuing annuity payments. N                  | y(ies) for payments owed at dea<br>before you, your beneficiaries owed at death<br>'ou can change your designated beneficiaries a                             | <b>th</b><br>will receive any money that PBGC owes<br>at any time.  | Designate by your at the time of your death. This designation   | does not apply to                     |
| four have not added any benefit  | ciaries.  |   |   |                                       |

#### Designated beneficiary(ies) for payments owed at death

#### Designate beneficiary(ies)

If PBGC owes you any money at the time of your death (besides continuing annuity payments), the money will go to your designated beneficiary(ies). You can change your designated beneficiaries at any time. This designation does not apply to continuing annuity payments.

You have not added any beneficiaries.

## Designated beneficaries

Home > My benefits > My benefit details > Designated beneficaries

#### Designate beneficiary(ies) owed at death for

If PBGC owes you any money at the time of your death (besides continuing annuity payments), the money will go to your designated beneficiary(ies). This designation does not apply to continuing annuity payments. By designating new beneficiaries, you will replace existing beneficiaries on file. **Enter a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), without dashes** for each beneficiary. Include their share of the benefits in the **distribution percentage field.** SSN or ITIN is only required for individuals. Distribution percentages must total 100 between your selected beneficiaries.

You have not added any beneficiaries.

Add beneficiary

## Designated beneficaries

Home > My benefits > My benefit details > Designated beneficaries

#### Designate beneficiary(ies) owed at death for

If PBGC owes you any money at the time of your death (besides continuing annuity payments), the money will go to your designated beneficiary(ies). This designation does not apply to continuing annuity payments. By designating new beneficiaries, you will replace existing beneficiaries on file. Enter a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), without dashes for each beneficiary. Include their share of the benefits in the distribution percentage field. SSN or ITIN is only required for individuals. Distribution percentages must total 100 between your selected beneficiaries.

#### Designation preview

Name

Percent designation

Contact, Third

100.00%

Add beneficiary

Cancel Designate beneficiary(ies)

|  |   | ~   |   |
|--|---|---|---|
|  | Are you sure you want to designate  | e new beneficiary(ies)?   | 2 Pension Benefit Guaranty Corporation  |
| <i>M</i> <sub>u</sub> PBA  | This will replace any existing benefici-<br>contacts.<br>This change will be pending confirma<br>your Plan Details screen for up to an                                      | ary designation on file for chosen<br>tion and will not be reflected on<br>hour   | ons <u>My Profile</u> <u>Contact us</u> Log off   |
| PENSION BENEFIT ACCESS   |   | <b>Close Designate</b>  | - 39 /  |
| Designated benefic   | caries  |   | 13/20   |
| Home > My benefits > My be   | nefit details > Designated beneficarie  | s   |   |
|  |   |   |   |
| Designate beneficiary(ies)   | owed at death for   |   |   |
| If PBGC owes you any money at the t<br>This designation does not apply to co<br>Enter a Social Security Number (SS<br>share of the benefits in the distribut<br>between your selected beneficiaries. | time of your death (besides continuing a<br>ontinuing annuity payments. By designat<br>(N) or Individual Taxpayer Identificatio<br>ion percentage field. SSN or ITIN is onl | nnuity payments), the money will go<br>ing new beneficiaries, you will repla<br>on Number (ITIN), without dashes<br>y required for individuals. Distributio | o to your designated beneficiary(ies).<br>ice existing beneficiaries on file.<br>s for each beneficiary. Include their<br>on percentages must total 100 |
| Designation preview  |   |   |   |
| Name Pe  | ercent designation  | Add beneficiary   |   |
| Contact_Third 10   | 0.00%   |   |   |
|  |   |   |   |
|  |   |   |   |
| Cancel Designate beneficiary(  | ies)  |   |   |

| Home > My summ<br>Velcome, GDPMVX ULS<br>Sustomer ID:<br>Notifications | ary<br>CYTKY             |                        |                                      |                                  |                        |                        |           |
|--|--------------------------|------------------------|--------------------------------------|----------------------------------|------------------------|------------------------|-----------|
| Velcome, GDPMVX ULS<br>Sustomer ID:<br>Notifications                   | СҮТКҮ                    |                        |                                      |                                  |                        |                        |           |
| Velcome, GDPMVX ULS<br>Sustomer ID:                                    | CYTKY                    |                        |                                      |                                  |                        |                        |           |
| Notifications  |                          |                        |                                      |                                  |                        |                        |           |
|  |                          |                        |                                      |                                  |                        |                        |           |
| here are no announcem  | nents from PBGC at this  | time.                  |                                      |                                  |                        |                        |           |
| • • • • • • • • • • • • • • • • • • •                                  | Males and I can ave      |                        | an and success where the local state | lafa anala a batan da tan 1      |                        |                        |           |
| Go green:  | Make email your prete    | red communication r    | method using the opdate              | information button below.        |                        |                        |           |
| My informati   | ion                      |                        |                                      |                                  |                        |                        |           |
| e sure your contact info   | ormation is up to date!  |                        |                                      |                                  |                        |                        |           |
| Mobile phone -   | Comm                     | unication preference   | e Mail                               |                                  |                        |                        |           |
| Email mask   | (@oboc.gov Mv ma         | iling address          |                                      |                                  |                        |                        |           |
| Date of birth 01/1   | 3/1958                   | <b>,</b>               |                                      |                                  |                        |                        |           |
| Update information   |                          |                        |                                      |                                  |                        |                        |           |
|  |                          |                        |                                      |                                  |                        |                        |           |
| Plans<br>lelow is a summary of your an income verification             | our pension plan(s). Cli | tk on a plan to see pl | lan details. If you are receiv       | ving benefits, you can also viev | v your benefit paymen  | t details, tax informa | stion, or |
| our role in the pension  | plan is designated in th | e table under "My ro   | ole." Please call us at 1-800        | -400-7242 if that information i  | is incorrect.          |                        |           |
| PBGC plan number   |                          | Plan nar               | me 🕈                                 | My ro                            | le                     |                        |           |
|  |                          |                        |                                      | Partici                          | pant                   |                        |           |
|  |                          |                        |                                      |                                  |                        |                        |           |
| All of my con  | tacts                    |                        |                                      |                                  |                        |                        |           |
| ontacts include your sp  | ouse, beneficiary, or au | thorized agents. You   | can view, add, or edit you           | r contacts here, by clicking on  | their name. You can al | so remove contacts     | who are   |
| ot current beneficiaries   | or authorized agents.    | Only approved, unex    | cpired authorized agents             | can act on your behalf.          |                        | Add                    | contact   |
|  |                          | <b>C</b> 1             | Control (Dec.)                       |                                  | Description of         | Authorized             |           |
| Contact Third  | Mobile phone             | City                   | State/Province                       | Family Mambar                    | Beneficiary?           | agent?                 |           |
| contact, inifo   |                          |                        |                                      | ramily Member                    | 163                    | NO                     | Ľ         |

To add a contact– Screen 1 of 2 (user must scroll down)

| dd a contact                                      | 5/201 |
|---|-------|
| Home > My contacts > Add a contact                |       |
| /lain   |       |
| ersonal details                                   |       |
| Is this an individual or organization? * Required |       |
| Individual  | ~     |
| First name * Required                             |       |
| Demo  |       |
| Middle name                                       |       |
| Last name * Required                              |       |
| Spouse  |       |
| Relationship * Required                           |       |
| Spouse  | ~     |
| Date of birth * Required                          |       |
| 01/02/1953  |       |
|   |       |
| Date of death                                     |       |
| ming buy i t i i                                  |       |
| Email   |       |
|   |       |
|   |       |
| hone  |       |
| Mobile phone * Required                           |       |
|   |       |
| Other phone                                       |       |
| Provide a telephone number                        |       |
| Other phone ext                                   |       |
|   |       |
|   |       |

## Contact information – Screen 2 of 2

| Line 1                   |      |
|--------------------------|------|
|                          |      |
|                          |      |
| Line 2                   |      |
|                          |      |
|                          |      |
| Line 3                   |      |
|                          |      |
| _                        |      |
| City                     |      |
|                          |      |
| Country .                |      |
| Country                  |      |
| UNITED STATES OF AMERICA | •    |
| State/Province           |      |
|                          | ×    |
|                          | •    |
| Zip/Postal code          |      |
|                          |      |
|                          |      |
|                          |      |
| _                        |      |
| incel                    | Save |
|                          |      |

# Form 708 – Designation of Beneficiary (Not Currently Receiving Benefits)

This designation is completed during the "Request a benefit calculation" process.

| <ul> <li>Request a benefit ca</li> <li>Get an estimate for the amount of</li> <li>1. Information review ✓</li> <li>2. Retirement selection ✓</li> <li>3. Choose surviving beneficiary ●</li> <li>4. Review &amp; submit</li> </ul> | Alculation<br>benefit on the date you may wan<br>Choose surviving be<br>Your surviving beneficiary will receive<br>the time of your death. Your benefit<br>option you choose later, you may no<br>Please choose carefully.<br>When you are ready to apply for ber<br>will need to download and return to | t to start it.<br>eneficiary<br>any continuing annuity payments from your<br>s calculated using the age of your surviving b<br>t be able to change your surviving beneficiary<br>efits, if you are married and choose a survivin<br>PBGC a completed and notarized Spousal Cor | plan and any other money owed to you at<br>eneficiary. Depending on the benefit<br>rafter you start to receive your benefit.<br>g beneficiary that is not your spouse, you<br>nsent Form. |
|--|--|--|---|
|  | Full Name  | Relationship   |   |
|  | QOLPU DFUOAJ   | Spouse   | Edit<br>Modify beneficiary selections   |
|  | Back   |  | Save & Continue   |

If the user wants to add a new contact as a beneficiary, he will have to enter the following information -Screen 1 of 2 (user must scroll down)

| Information review Y   | Choosing surviving beneficiary  |
|--|---|
| Retirement selection $\checkmark$<br>Choose surviving beneficiary $\checkmark$ | Your surviving beneficiary will receive any continuing annuity payments from your plan and any<br>other money owed to you at the time of your death. Your benefit is calculated using the age of your<br>surviving beneficiary. Depending on the benefit option you choose later, you may not be able to<br>change your surviving beneficiary after you start to receive your benefit. Please choose carefully. |
|  |   |
|  | <ol> <li>Who do you want to name as a your surviving beneficiary?</li> </ol>  |
|  | Adding a new contact  |
|  | <u>Select a different contact &gt;</u>  |
|  | 2) Are your surviving beneficiary's details correct?  |
|  | Beneficiary's first name * Required Beneficiary's last name * Required  |
|  |   |
|  | Beneficiary's relationship to you * Required  |
|  |   |
|  |   |
|  |   |
|  | Beneficiary's birthday * Required   |
|  | Beneficiary's birthday * Required       MM/DD/YYYY  |
|  | Beneficiary's birthday * Required   |
|  | Beneficiary's birthday * Required          MM/DD/YYYY       Image: Contact information         Beneficiary's contact information         Beneficiary's email * Required   |
|  | Beneficiary's birthday * Required          MM/DD/YYYY       Image: Contact information         Beneficiary's contact information       Beneficiary's email * Required         Description       Beneficiary's mobile phone number * Required         Beneficiary's mobile phone number * Required       Beneficiary's mobile phone number * Required  |
|  | Beneficiary's birthday * Required     MM/DD/YYYY     Beneficiary's contact information   Beneficiary's email * Required   Beneficiary's mobile phone number *   Required   Provide a telephone number   |
|  | Beneficiary's birthday * Required         MM/DD/YYYY         Beneficiary's contact information         Beneficiary's email * Required         Beneficiary's mobile phone number *         Required         Provide a telephone number         Beneficiary's other phone number  |

| Address line 1       |      |      |           |
|----------------------|------|------|-----------|
| Address line 2       |      |      |           |
| Address line 3       |      |      | ]         |
| City                 |      |      | ]         |
| Country              |      |      |           |
| UNITED STATES OF AME | RICA |      |           |
| Zip/postal code      |      |      | ~         |
|                      |      |      |           |
|                      |      | Save | & Continu |

# Form 710 – Application for Electronic Direct Deposit

| Update payment method  |                                   |                             |                             | SAR                        |
|--|-----------------------------------|-----------------------------|-----------------------------|----------------------------|
| Home > My benefits > Update Payment Metho  | d                                 |                             |                             |                            |
| Jpdate payment method  |                                   |                             |                             |                            |
| ly plans   |                                   |                             |                             |                            |
| elect the checkbox beside each plan you want to updatestination is not electronic deposit. | te payments for. Please note that | the account number, routing | number, and account type wi | ll be blank if the payment |
| Plan name  | Payment destination               | Routing number              | Account number              | Account type               |
| )  | АСН                               |                             |                             | Checking                   |
| ayment option  |                                   |                             |                             |                            |
| ayment destination * Required  |                                   |                             |                             |                            |
| ectronic direct deposits can only go to accounts in US                                     | banks. Outside the US, you must   | have a check mailed to your | bank or your home.          |                            |
| Electronic direct deposit (also known as EDD or ACH)                                       |                                   |                             |                             | ~                          |
|  |                                   |                             |                             |                            |
| nk routing number * Required   |                                   |                             |                             |                            |
| ank account number * Required  |                                   |                             |                             |                            |
| ccount type  |                                   |                             |                             |                            |
| Checking   |                                   |                             |                             | ~                          |
|  |                                   |                             |                             |                            |
| JOHN DOE<br>1224 MAIN ST   | 1234                              |                             |                             |                            |
| PAY TO THE   | DATE                              |                             |                             |                            |
| ORDER OF   | DOLLARS DELEMENT                  |                             |                             |                            |
|  |                                   |                             |                             |                            |
| мемо   | MP                                |                             |                             |                            |
| 123137726,1231,567,890   | <b></b> "                         |                             |                             |                            |
| Routing No. Check No. Account  | No.                               |                             |                             |                            |
|  |                                   |                             |                             |                            |
| Cancel Validate bank details   |                                   |                             |                             |                            |