



# Change of Beneficiary for Certain & Continuous (C&C) Benefits Only

(Currently Receiving Pension Benefits)

PBGC Form 711

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:

**INSTRUCTIONS:**

**Print clearly with blue or black ink. You must complete all sections of this form.** Use this form to change your beneficiary if you are receiving a Certain & Continuous annuity. If you die before the certain period ends, any remaining payments will go to the person(s) or entity(ies) (such as a trust, church, estate or other organization) that you designate in section 2. The beneficiary designation(s) you provide on this form will replace all previous designations you submitted. ***If you were married when you began receiving your benefits, the spouse you were married to at that time must consent to your change of beneficiary.***

### Section 1: General Information about you

|                |                            |
|----------------|----------------------------|
| 1. Last Name   | 2. First Name              |
| 3. Middle Name | 4. Other Last Name(s) used |

|                           |                             |  |
|---------------------------|-----------------------------|--|
| 5. Social Security Number | 6. Date of Birth MM/DD/YYYY | 7. Gender  |
| <input type="text"/>      | <input type="text"/>        | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE |

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

|                      |  |
|----------------------|--|
| 9. Primary Phone     | 10. Phone Type   |
| <input type="text"/> | <input type="checkbox"/> Home<br><input type="checkbox"/> Mobile |

|                      |  |
|----------------------|--|
| 11. Secondary Phone  | 12. Phone Type   |
| <input type="text"/> | <input type="checkbox"/> Home<br><input type="checkbox"/> Mobile |

**13. Marital Status**

Were you married when you started receiving benefits (Annuity Starting Date)?  
 YES  NO

Is your spouse living?  
 YES  NO

**Enter spouse information as of your annuity starting date.**

Spouse Last Name

Spouse First Name

Spouse Middle Name

Other Last Name(s) used

Spouse Social Security Number

|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|

Spouse Date of Birth MM/DD/YYYY

|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|

**Section 2: Designation of Beneficiary for Certain and Continuous Annuity**

Designate your beneficiary below. This designation replaces any previous designation and is effective only when PBGC receives it. The beneficiary identified below will receive benefits that continue after your death and any additional money owed to you at your death. You may name more than one beneficiary. State the percentage you want each one to receive, and make sure the percentages total 100%. If you do not state percentages that total 100%, the amount owed will be distributed equally among all beneficiaries.

To name more than four beneficiaries, list the additional beneficiary's 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 additional sheet is attached.

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

If all beneficiaries die before you, PBGC will pay the amount we owe in this order to: your spouse, your children, your parents, your estate, or your next of kin.

|  |         |  |
|--|---------|--|
| <input type="checkbox"/> Spouse (Identified in Block 13) | _____ % | Total of percentages may not exceed 100% for all beneficiary entries |
| <input type="checkbox"/> Beneficiary (1)                 | _____ % |  |
| <input type="checkbox"/> Beneficiary (2)                 | _____ % |  |
| <input type="checkbox"/> Beneficiary (3)                 | _____ % |  |
| <input type="checkbox"/> Beneficiary (4)                 | _____ % |  |

**Beneficiary (1)**

|   |   |   |   |   |   |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Beneficiary Last Name                     |   |   |   |   | Beneficiary First Name                      |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Beneficiary Middle Name                   |   |   |   |   | Other Last Name(s) used                     |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Beneficiary relationship to you           |   |   |   |   |   |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Beneficiary Social Security Number</b> |   |   |   |   | <b>Beneficiary Date of Birth</b> MM/DD/YYYY |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1   | 2 | 3 | - | 5 | 5   | - | 6 | 7        | 8 | 9 | M | M | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |
| <b>Beneficiary Mailing Address</b>        |   |   |   |   | Apartment / Route Number                    |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| City                                      |   |   |   |   | State                                       |   |   | Zip Code |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Country                                   |   |   |   |   |   |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Beneficiary Primary Phone</b>          |   |   |   |   | <b>Beneficiary Secondary Phone</b>          |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| (   | 5 | 5 | 5 | ) | 3   | 4 | 5 | -        | 6 | 7 | 8 | 9 | ( | 5 | 5 | 5 | ) | 3 | 4 | 5 | - | 6 | 7 | 8 | 9 |

**Beneficiary (2)**

|   |   |   |   |   |   |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Beneficiary Last Name                     |   |   |   |   | Beneficiary First Name                      |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Beneficiary Middle Name                   |   |   |   |   | Other Last Name(s) used                     |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Beneficiary relationship to you           |   |   |   |   |   |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Beneficiary Social Security Number</b> |   |   |   |   | <b>Beneficiary Date of Birth</b> MM/DD/YYYY |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1   | 2 | 3 | - | 5 | 5   | - | 6 | 7        | 8 | 9 | M | M | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |
| <b>Beneficiary Mailing Address</b>        |   |   |   |   | Apartment / Route Number                    |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| City                                      |   |   |   |   | State                                       |   |   | Zip Code |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Country                                   |   |   |   |   |   |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Beneficiary Primary Phone</b>          |   |   |   |   | <b>Beneficiary Secondary Phone</b>          |   |   |          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| (   | 5 | 5 | 5 | ) | 3   | 4 | 5 | -        | 6 | 7 | 8 | 9 | ( | 5 | 5 | 5 | ) | 3 | 4 | 5 | - | 6 | 7 | 8 | 9 |

**Beneficiary (3)**

|                                 |  |  |  |  |                         |  |  |  |  |
|---------------------------------|--|--|--|--|-------------------------|--|--|--|--|
| Beneficiary Last Name           |  |  |  |  | Beneficiary First Name  |  |  |  |  |
| Beneficiary Middle Name         |  |  |  |  | Other Last Name(s) used |  |  |  |  |
| Beneficiary relationship to you |  |  |  |  |                         |  |  |  |  |

|  |   |          |   |   |   |   |   |   |   |   |   |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|----------|---|---|---|---|---|---|---|---|---|--|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>Beneficiary Social Security Number</b>  | <b>Beneficiary Date of Birth</b> MM/DD/YYYY |          |   |   |   |   |   |   |   |   |   |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| 1  | 2   | 3        | - | 5 | 5 | - | 6 | 7 | 8 | 9 |   |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| M  | M   | /        | D | D | / | Y | Y | Y | Y |   |   |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Beneficiary Mailing Address</b>   | Apartment / Route Number                    |          |   |   |   |   |   |   |   |   |   |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| City   | State                                       | Zip Code |   |   |   |   |   |   |   |   |   |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Country  |   |          |   |   |   |   |   |   |   |   |   |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Beneficiary Primary Phone</b>   | <b>Beneficiary Secondary Phone</b>          |          |   |   |   |   |   |   |   |   |   |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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|  |   |          |   |   |   |   |   |   |   |   |   |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|----------|---|---|---|---|---|---|---|---|---|--|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>Beneficiary (4)</b>   |   |          |   |   |   |   |   |   |   |   |   |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Beneficiary Last Name  | Beneficiary First Name                      |          |   |   |   |   |   |   |   |   |   |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Beneficiary Middle Name  | Other Last Name(s) used                     |          |   |   |   |   |   |   |   |   |   |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Beneficiary relationship to you  |   |          |   |   |   |   |   |   |   |   |   |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Beneficiary Social Security Number</b>  | <b>Beneficiary Date of Birth</b> MM/DD/YYYY |          |   |   |   |   |   |   |   |   |   |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| M  | M   | /        | D | D | / | Y | Y | Y | Y |   |   |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Beneficiary Mailing Address</b>   | Apartment / Route Number                    |          |   |   |   |   |   |   |   |   |   |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| City   | State                                       | Zip Code |   |   |   |   |   |   |   |   |   |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Country  |   |          |   |   |   |   |   |   |   |   |   |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Beneficiary Primary Phone</b>   | <b>Beneficiary Secondary Phone</b>          |          |   |   |   |   |   |   |   |   |   |  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| (  | 5   | 5        | 5 | ) | 3 | 4 | 5 | - | 6 | 7 | 8 | 9  |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

### Section 3: Spousal Consent to Beneficiary of Certain and Continuous Annuity

This section does not need to be completed by your spouse if:

- you were not married when you started receiving benefits,
- the spouse you were married to when you started receiving benefits is deceased; or
- you are designating the spouse you were married to when you started receiving benefits, as the beneficiary of 100% of the Certain and Continuous Annuity.

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

If your spouse does not consent, your current beneficiary designation will remain unchanged.

**To be completed by spouse:**

By signing below, I consent to my spouse's election of the beneficiary designated in Section 2. 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 beneficiary designation.
- If I do **not** consent, my spouse's beneficiary designation for the Certain and Continuous Annuity will not change.
- If I **do** consent to my spouse's election, survivor benefits, if any, will be paid according to the beneficiary designation elected by my spouse in Section 2. As a result, if my spouse dies before me, I may not be entitled to any survivor benefits.
- If I consent to this beneficiary designation, my spouse can NOT make future changes to the beneficiary without my consent.

\_\_\_\_\_  
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 this designation of 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: 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