



Pension Benefit Guaranty Corporation

For Assistance Call 1-800-400-7242

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

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

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

Section 1: General Information About You

1. Last Name, 2. First Name, 3. Middle Name, 4. Social Security Number

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

6. Email Address (optional)

7. Primary Phone, 8. Phone Type (Home, Mobile)

9. Secondary Phone, 10. Phone Type (Home, Mobile)



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

You may withdraw the contributions any time before you retire or when you apply to start your pension benefits.

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

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

**Option A. Election Not To Withdraw Employee Contributions**

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

**Election Not to Withdraw Employee Contributions**

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

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

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

**Signature** – Sign and date this form. Knowingly and willfully making false, fictitious, or fraudulent statements to the Pension Benefit Guaranty Corporation is a crime punishable under Title 18, Section 1001, United States Code.

I declare under penalty of perjury that all of the information I have provided on this form is true and correct.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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

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

**Election to Withdraw Employee Contributions**

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

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

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

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

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

Spouse's Last Name	Spouse's First Name																						
Spouse's Middle Name	Other Last Name(s) Used																						
Spouse's Social Security Number <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">-</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">-</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>				-			-					Date of Marriage <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>			/			/					
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**By signing below:** (1) I consent to my spouse's election to withdraw his or her pension contributions, plus interest, in a single sum. (2) My consent is voluntary and I have a right not to consent to my spouse's election. (3) I understand that as a result of agreeing to the withdrawal of my spouse's contributions in a single sum that any spousal benefit that I may receive will be reduced. (4) I cannot revoke my consent after PBGC pays the contributions, plus interest, to my spouse.

**Spouse's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**To be completed by Notary Public:**

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

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

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

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

\_\_\_\_\_  
STATE



**Section 4: Method of Receiving Benefit Payments**

**PBGC pays benefits through safe, secure, and convenient electronic funds transfer. You will get your payment on time even if you are out-of-town or unable to get to the bank.**  
 If you have a bank account, you can ask us to deposit your benefit payment to your account through Electronic Direct Deposit (EDD).  
 Note: PBGC does not transfer funds to financial institutions outside the United States and its territories.

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

	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 a joint account 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"/>

**Section 5: Electronic Direct Deposit (EDD) Payment Information Only**

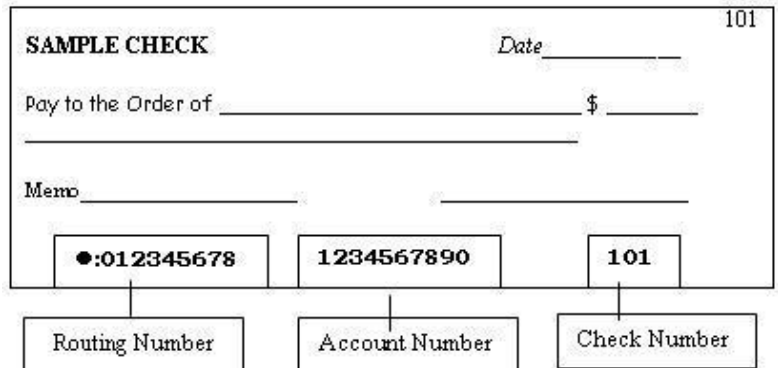
Complete this section if you are choosing 4.A.

**Account Information**

Complete this section to send your payment directly to your account at a bank or a financial institution. The information is available from your financial institution or can be found on your checks and account statements. The sample check below shows the location of your nine-digit routing number and your account number. If you are unsure of the routing number or your account number, contact your financial institution.

You can change this arrangement by filing a new Form 710 Application for Electronic Direct Deposit. You can cancel this arrangement by notifying PBGC in writing. The financial institution can cancel it by sending you a written notice.

**Or Attach a VOIDED check to this application.**



**Do not complete below if VOIDED check is attached to this application.**

Name(s) on the Account <b>(Your name must be on the account):</b>									
Routing Number:		Account Number – Numbers only:							
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table>						<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"> </td> <td style="width: 50%;"> </td> </tr> </table>			
Account Type		Checking	Savings						
		<input type="checkbox"/>	<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.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_