PBGC Protecting America's Pensions	**Election of Retroactive Annuity Starting Date (Spousal Consent not Required)**	**PBGC Form 700RN**

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:

Use this form to elect a Retroactive Annuity Starting Date offered by PBGC, if:

- **You were not married when you began receiving a benefit from this pension plan; OR**
- **You were married when you began receiving a benefit from this pension plan, and**
  - **Your spouse is deceased; or**
  - **PBGC has advised your spouse's consent is not required for this election.**

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** 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

Were you married when you began receiving a benefit from this pension plan?
☐ YES ☐ NO

If YES, enter spouse information as of the date you began receiving a benefit from this pension plan.

Spouse Last Name	Spouse First Name

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Plan Number:
Participant Name:

Spouse Middle Name	Other Last Name(s) used

Spouse Social Security Number	Spouse Date of Birth MM/DD/YYYY
	/ /

Date of Marriage MM/DD/YYYY	/ /
Spouse Date of Death (If applicable) MM/DD/YYYY	/ /

14. Court order related to the participant's benefit

Is there a court order (for example domestic relations order, divorce decree, child support order, etc.) that requires some or all your benefit to be paid to spouse, former spouse, child or other dependent (called alternate payee)?

☐ YES ☐ NO

If YES complete the following. If additional space is needed attach a separate sheet.

☐ Check here if additional sheet is attached.

Date of Court Order MM/DD/YYYY	/ /
Name of alternate payee	
Relationship to you	

Section 2: Retirement Benefit Choices

15. Retroactive Annuity Starting Date	Month	Year
Enter the Retroactive Annuity Starting Date you are electing.	/	

16. Working Retirement Restrictions

If the Retroactive Annuity Starting Date you entered in Block 15 is on or after June 1, 2021, skip Block 16.
If the Retroactive Annuity Starting Date you entered in Block 15 is before June 1, 2021, were you employed on that date?
☐ YES ☐ NO

If Yes, complete the following.

Employer Name	
City	State

If you were employed by the company that sponsored your pension plan on the Retroactive Annuity Starting Date, contact PBGC to confirm your eligibility before submitting this application.

CONTINUE

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Plan Number:
Participant Name:

Section 3: 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

Please complete this optional checklist below to ensure that your application form has all the required signatures and proof documents before you submit it. ***A MISSING SIGNATURE COULD DELAY YOUR FIRST PAYMENT.***

1. Did you sign and date the application in Section 3?	☐
2. If you want to change your federal tax withholding, did you complete and submit IRS Form W-4P.	☐

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