

Plan Number:
Participant Name:

	Election of Retroactive Annuity Starting Date (Spousal Consent Required)	PBGC Form 700RSC
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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:

If you have been offered a retroactive annuity starting date and you were married when you began receiving a benefit from this pension plan (and that spouse is still living), use this form to elect the retroactive annuity starting date.

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
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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
Spouse Middle Name	Other Last Name(s) used

Plan Number:
Participant Name:

Spouse Social Security Number 	Spouse Date of Birth MM/DD/YYYY / /
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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 you have more than one court order or alternate payee, list on a separate sheet and attach to this application.

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

16. Working Retirement Restrictions

If the Annuity Starting Date you entered in Block 15 is on or after June 1, 2021, skip Block 16.

If the 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 Annuity Starting Date, contact PBGC to confirm your eligibility before submitting this application.	

Plan Number:
Participant Name:

Section 3: Spousal Consent to Retroactive Annuity Starting Date

Leave this section blank if:

- you were not married when you started receiving benefit, or
- the spouse you were married to when you started receiving benefits is deceased.

If you were married when you began receiving benefits, your spouse at that time must consent to your choice by signing below.

- His/her signature for the consent must be notarized by a notary public.
- Without his/her consent, your Annuity Starting Date will not change.

To be completed by the spouse who was married to the participant when he/she began receiving benefits:

By signing below, I consent to my spouse's (or former spouse's) election to change the annuity starting date to the Retroactive Annuity Starting Date shown in the enclosed Retirement Benefit Estimate.

I affirm that I have read and understood the information provided by PBGC in the Retirement Benefit Estimate and that my consent to this change is voluntary.

In addition, I understand that:

- My consent is required to change the starting date of the annuity.
- I have a right not to consent to the change in the starting date of the annuity.
- With or without my consent, the annuity will continue to be paid in the form of benefit the participant originally elected.
- Any survivor benefits will be paid according to the form of benefit originally elected and to the designated beneficiary.
- By agreeing to change the starting date to the Retroactive Annuity Starting Date, if the participant dies before me, my monthly payment as surviving beneficiary (if applicable) will be smaller than if the starting date remained unchanged.
- My signature below must be notarized.
- Once I give my consent, I cannot revoke it.

SIGNATURE OF SPOUSE WHO WAS MARRIED TO THE PARTICIPANT
WHEN HE/SHE BEGAN RECEIVING BENEFITS
(MUST BE NOTARIZED)

DATE

To be completed by Notary Public:

On this _____ day of _____ Month, _____ Year,

I acknowledge that this Spousal Consent to Retroactive Annuity Starting Date 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

Plan Number:
Participant Name:

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

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 4?	☐
2. If you were married when you started receiving benefits, did that spouse sign Section 3, and was the signature notarized?	☐
3. If you want to change your federal tax withholding election, did you complete and submit IRS Form W-4P?	☐