

**Application for Elective Lump-Sum Payment, post RBD****PBGC Form 703RBD-MP**

Pension Benefit Guaranty Corporation
Pension Benefit Guaranty Corporation.
P.O. Box 151750, Alexandria, Virginia 22315-1750

For Assistance Call 1-800-400-7242

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

INSTRUCTIONS: Use this form to request a lump-sum payment. As proof of your date of birth, enclose a copy of your birth or baptism certificate, or U.S. Passport. If you are a deceased participant's spouse, enclose a copy of your marriage certificate if you have not already sent it to us. Please make sure that proof documents are legible before sending to PBGC. If you have questions about other documents we accept as proof, call our Customer Contact Center at 1-800-400-7242. **Print clearly with blue or black ink.**

Section 1: General Information About You

Last Name	First Name
Middle Name	Other Last Name(s) used

Social Security Number	Date of Birth MM/DD/YYYY PROOF REQUIRED	Sex
		☐ MALE ☐ FEMALE

Mailing Address	Apartment / Route Number	
City	State	Zip Code
Country	Province	

Primary Phone	Phone Type
	☐ Home ☐ Mobile
Secondary Phone	Phone Type
	☐ Home ☐ Mobile

CONTINUE

Approved OMB 1212-0055
Expires 06/30/2027

Application for Elective Lump-Sum Payment, post RBDPlan Number:
Participant Name:**PBGC Form 703RBD-MP**

Page 2 of 5

Section 2a: Marital Status - Please complete both 2a. and 2b.**Are you currently married?**Yes ☐ No ☐

Spouse's Last Name

Spouse's First Name

Spouse's Middle Name

Other Last Name(s) Used

Spouse Social Security Number

			-			-				
--	--	--	---	--	--	---	--	--	--	--

Spouse Date of Birth MM/DD/YYYY

		/			/				
--	--	---	--	--	---	--	--	--	--

Date of Marriage

MM/DD/YYYY

PROOF REQUIRED

		/			/				
--	--	---	--	--	---	--	--	--	--

Section 2b: 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 of your benefit be paid to a spouse, former spouse, child, or other dependent?

Yes

☐

No

☐**Section 3: Lump-sum payment election****If you are the participant, you and your spouse have to make an important decision about how your benefit is paid.****Important Information about Your Benefit Choices**

You need to decide whether you want to receive your benefit as a single lump-sum payment now or as a monthly annuity benefit. If you are currently married and want a lump-sum payment, your spouse's consent is needed for PBGC to comply with your election.

If you complete this application and your spouse consents on the next page to your election, PBGC will pay your entire benefit to you in a lump-sum. No annuity benefits will be payable to you or your spouse. If you would prefer to receive your benefit in a monthly annuity form, *call PBGC and do not submit this application.*

Annuity Benefit Form

At the time that you are eligible to retire, PBGC will pay your benefit as an annuity, generally monthly, for your life. The form of your annuity benefit will depend on your marital status at retirement. If you are married, you will receive a joint-and-survivor benefit unless your spouse consents to your waiver of this form of benefit in writing. The joint-and-survivor form provides a benefit for your life and, if you die before your spouse, at least 50% of your benefit amount will be paid to your spouse for the rest of your spouse's life. To help pay for your spouse's benefits, your payment will most likely be reduced. If your spouse consents to your waiver of the joint-and-survivor benefit, or if you are not married, you may select from a number of PBGC optional benefit forms.

CONTINUE Approved OMB 1212-0055
Expires 06/30/2027

Plan Number:
Participant Name:

Lump-Sum Payment

You will receive a single payment now of your entire benefit. No annuity benefits will be payable to you or your spouse.

An example of your choices:

Lump-sum payment: Sam elects a lump-sum payment and Carol consents to it (Carol signs in front of a notary public), and Sam receives \$7,000 in the form of a single lump-sum benefit, with interest. No future payments will be payable to Sam or Carol.

Joint-and-50% survivor annuity: Sam (age 74) and Carol (age 69) are married when Sam retires. Sam receives a payment of \$260 for the rest of his life. After Sam dies, Carol receives \$130 a month for the rest of her life. If Carol dies first, Sam will continue to receive \$260 a month for the rest of his life.

Other annuity choices: If Sam waives a joint-and-survivor annuity when he retires, and Carol consents to his waiver, other annuity benefit forms are available. To learn more about your specific annuity benefit choices, call PBGC at 1-800-400-7242.

Section 4: Spousal consent for a participant to receive an elective lump-sum benefit.

If you are married and want to receive your benefit in a lump sum or single payment, your spouse must complete this section. Your spouse's consent must be signed in the presence of or acknowledged by a notary public.

By signing below, I consent to my spouse's election to receive his/her benefit in a lump-sum or single payment. My consent is voluntary. I have read and I understand the information provided with this application. In particular, I understand all of the following:

- I have a right **not** to consent to my spouse's election of a lump-sum payment.
- If I **do not** consent, my spouse's benefit may only be paid in the automatic form for married participants. Under that automatic form, if my spouse dies before me, I will receive a benefit equal to at least 50% of my spouse's benefit for the rest of my life.
- If I **do** consent to my spouse's election of a lump-sum payment, I cannot revoke my consent after PBGC makes the payment to my spouse.

SPOUSE'S SIGNATURE (MUST BE NOTARIZED)

DATE

Must be signed by a Notary Public

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

Plan Number:
Participant Name:

Page 4 of 5

Section 5: Bank or Financial Institution Information

PBGC pays benefits through safe, secure and convenient electronic funds transfer to your bank account through Electronic Direct Deposit (EDD).

Federal law mandates that all Federal benefit payments must be made electronically. If you do not have a bank account, please consider creating one to receive your PBGC payment. You can find more information at FDIC: GetBanked. (www.fdic.gov/getbanked)

If you are unable to create a bank account or do not have a U.S.-based bank account, contact our call center at 1-800-400-7242 for assistance. International callers from a landline, please call 202-326-4000, and press "0" for a Customer Service Representative.

Attach a voided check to this application or fill in the following information off your check.

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

Name(s) on the Account
(Your Name Must be on the Account)

Routing Number:

Account Number – Numbers only:

Account Type

--	--	--	--	--	--	--	--	--	--

Checking
☐Savings
☐

NAME ADDRESS CITY, STATE ZIP	0123 01-23456789
DATE	
PAY TO THE ORDER OF	\$
BANK NAME ADDRESS CITY, STATE ZIP	DOLLARS
FOR	
⑆0123456789⑆ 01234567890123⑆ 0123	
Routing Number	Account Number

CONTINUE ➞

Approved OMB 1212-0055
Expires 06/30/2027

Application for Elective Lump-Sum Payment, post RBDPlan Number:
Participant Name:**PBGC Form 703RBD-MP****Page 5 of 5****Section 6: Signature**

Sign and date this application in the presence of or acknowledged by a Notary Public. 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**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