

Participant Name: Plan Name: Plan Number: Date Printed:

Date of Plan Termination:

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

INSTRUCTIONS: Use this form to request a lump-sun your birth or baptism certificate, or U.S. Passport. If yo marriage certificate if you have not already sent it to us sending to PBGC. If you have questions about other d Center at 1-800-400-7242. Print clearly with blue or	ou are a deceased participan . Please make sure that pro ocuments we accept as proc black ink.	t's spouse, en of documents of, call our Cus	close a copy of your are legible before
Section 1: Genera	Il Information About You	<u> </u>	
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 Phone Type Home Mobile		

PBGC Form 703RBD-MP Application for Elective Lump-Sum Payment, post RBD Plan Number: Page 2 of 5 Participant Name: 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 MM/DD/YYYY Spouse Social Security Number Spouse Date of Birth Date of Marriage MM/DD/YYYY PROOF REQUIRED Section 2b: Court order related to the participant's benefit

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.

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

Important Information about Your Benefit Choices

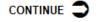
spouse, child, or other dependent?

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.



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Yes

No

PBGC Form 703RBD-MP Application for Elective Lump-Sum Payment, post RBD Plan Number: Page 3 of 5 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) Must be signed by a Notary Public To be completed by Notary Public:

STATE

NOTARY PUBLIC NAME

Subscribed and sworn to before me this day of , Year

DATE MY COMMISSION EXPIRES

CITY / COUNTY

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Plan Number: Participant Name:

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.

lame(s) on the Account Your Name Must be on the A	Account)		
outing Number:	Account Number – Numbers only:	Account Type	
		Checking	Savings
NAME ADDRESS CITY, STATE ZIP	0123 01-2345/6789		
PAY TO THE ORDER OF	DATE \$		
BANK NAME ADDRESS CITY, STATE ZIP	DOLLARS		
FOR			



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Section 6: Signature		
Sign and date this application in the presence fictitious, or fraudulent statements to the Per 1001, United States Code.		Public. Knowingly and willfully making false, is a crime punishable under Title 18, Section
declare under penalty of perjury that correct.	at all of the information I have	provided on this form is true and
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	