



Beneficiary Application For Pension Benefits – OF

PBGC Form 706

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

For assistance, call 1-800-400-7242

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

Participant Name :

INSTRUCTIONS: Please complete this form to ask PBGC to begin payments to you as (1) the beneficiary of a deceased participant who died before retirement, or (2) an alternate payee under a separate interest Qualified Domestic Relations Order (QDRO). **For those items marked "Proof Required," enclose a copy of the appropriate document if you have not already sent it to us.** Acceptable documents for proof of age include your birth or baptism certificate, or U.S. passport; for marriage, a marriage certificate. Please make sure that proof documents are legible before sending to PBGC. If you have questions about other acceptable documents, call our Customer Contact Center at 1-800-400-7242. **Print clearly with blue or black ink.**

1. General information about you

Last Name										First Name																								
Middle Name					Other Last Name(s) Used																													
Social Security Number										Date of Birth (Copy of Proof Required)										Sex					MALE					☐				
										/															FEMALE					☐				
Mailing Address															Apartment / Route Number																			
City															State					Zip Code														
Country															Email																			
Daytime Phone										EXTENSION					Evening Phone																			
() - x															() -																			
Please enter your Annuity Starting Date (ASD) using the date from the Retirement Benefit Estimate that provides the amounts of your benefit options.																				/		MONTH		YEAR										
Name of the plan participant:																																		

CONTINUE ON BACK ➞

Participant Name:

2. Election of Benefit Form – You may receive your benefit in one of the benefit forms listed below if you are an Alternate Payee with a separate interest under a QDRO; you are entitled to a Qualified Preretirement Survivor Annuity (QPSA) because your spouse died before retiring; or your former spouse granted you a QPSA under a QDRO. Before you choose an option, please read the examples in *Your Benefit, Your Choice* attached to this application and the calculations included in your package. The calculations show the amount you would receive under each benefit form.

Benefit Form	MARK ONLY ONE
A. The form your plan would pay you automatically, if different from below	☐
B. 5-year Certain-and-Continuous Annuity (The 5-year Certain payment period starts on Annuity Starting Date in Section 1.)	☐
C. 10-year Certain-and-Continuous Annuity (The 10-year Certain payment period starts on Annuity Starting Date in Section 1.)	☐
D. 15-year Certain-and-Continuous Annuity (The 15-year Certain payment period starts on Annuity Starting Date in Section 1.)	☐
E. Straight Life Annuity	☐

CONTINUE 

Plan Number:

Participant Name:

3. Designation of Beneficiary for payments owed at Death – PBGC will pay any money we owe you at the time of your death and/or for the remaining period of a Certain & Continuous benefit to the person(s) and/or entity(ies) (such as a trust, church, estate or other organization) that you designate below. If you do not make a designation, or if all the beneficiaries you designate below die before you, PBGC will pay the money in this order to: your spouse, your children, your parents, your estate, or your next of kin.

Beneficiary(ies)*	Social Security Number**	Date of Birth**	Relationship	Percentage***
Name _____ Address _____ Daytime Tel. No: _____				
Name _____ Address _____ Daytime Tel. No: _____				
Name _____ Address _____ Daytime Tel. No: _____				

*To name more beneficiaries, please list them with requested contact info, DOB and SSN on an attached sheet with your signature.

**Complete if person.

*** Percentage(s) does not have to be provided.

The amount owed will be distributed equally among beneficiaries unless percentages are provided for each beneficiary and they total 100%. If a beneficiary dies before you, the amount owed will be distributed equally among the remaining beneficiaries.

4. 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.

CONTINUE ON BACK 

Beneficiary Application for Pension Benefits - OF**Form 706, page 4 of 5**

Plan Number:

Participant Name:

Bank or Financial Institution Information (continued)**All fields required****Do not complete below if VOIDED check is attached to this application.****ALL 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	
⑆012345678⑆ 01234567890123⑆ 0123	
Routing Number	Account Number

CONTINUE ➡

Plan Number:

Participant Name:

5. 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 of the information I have provided on this form is true and correct.

SIGNATURE

DATE

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

1. Did you sign and date the application?	☐
2. Did you enclose a copy of your proof of age document? Your driver's license is not a proof document.	☐
3. Did you enclose a copy of the participant's death certificate, if applicable?	☐
4. Did you enclose a copy of your marriage certificate or common law document, if applicable?	☐
5. Did you complete and submit IRS Form W-4P to choose your federal tax withholding?	☐