

**Participant Application for Pension Benefits****PBGC Form 700****Pension Benefit Guaranty Corporation**

P.O. Box 151750, Alexandria, Virginia 22315-1750

**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:**Please print clearly with blue or black ink. You must complete all sections of this form.****Section 1: General Information About You**

<b>1. Last Name</b>	<b>2. First Name</b>
<b>3. Middle Name</b>	<b>4. Other Last Name(s) used</b>

<b>5. Social Security Number</b> <div><div></div><div></div><div></div><div>-</div><div></div><div></div><div></div><div>-</div><div></div><div></div><div></div><div></div></div>	<b>6. Date of Birth</b> PROOF REQUIRED MM/DD/YYYY <div><div></div><div></div><div>/</div><div></div><div></div><div></div><div>/</div><div></div><div></div><div></div><div></div><div></div></div>	<b>7. Sex</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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<b>8. Mailing Address</b>	Apartment / Route Number	
City	State	Zip Code
Country		

<b>9. Primary Phone</b> <div><div>(</div><div></div><div></div><div></div><div>)</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<b>10. Phone Type</b> <input type="checkbox"/> Home <input type="checkbox"/> Mobile
<b>11. Secondary Phone</b> <div><div>(</div><div></div><div></div><div></div><div>)</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<b>12. Phone Type</b> <input type="checkbox"/> Home <input type="checkbox"/> Mobile

<b>13. Marital Status</b>
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Are you currently married? <input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>Enter spouse information as of the date you are completing this application.</b>	
Spouse Last Name	Spouse First Name
Spouse Middle Name	Other Last Name(s) used

Spouse Social Security Number <div style="border: 1px solid black; height: 20px; margin-top: 5px; display: flex; align-items: center; justify-content: space-between;"> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> </div>	Spouse Date of Birth MM/DD/YYYY PROOF REQUIRED <div style="border: 1px solid black; height: 20px; margin-top: 5px; display: flex; align-items: center; justify-content: space-between;"> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> </div>
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Date of Marriage MM/DD/YYYY PROOF REQUIRED	<div style="border: 1px solid black; height: 20px; margin-top: 5px; display: flex; align-items: center; justify-content: space-between;"> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> </div>
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#### 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 an additional sheet is attached.

Date of Court Order MM/DD/YYYY	<div style="border: 1px solid black; height: 20px; margin-top: 5px; display: flex; align-items: center; justify-content: space-between;"> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> </div>
Name of alternate payee	
Relationship to you	

### Section 2: Retirement Benefit Choices

<b>15. Annuity Starting Date</b>  Enter the Annuity Starting Date from your Retirement Benefit Estimate. This is the date you would like your payments to begin.  <b>If you would like a different Annuity Starting Date, request a new Retirement Benefit Estimate.</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center; border-bottom: 1px solid black;">Month</th> <th style="width: 50%; text-align: center; border-bottom: 1px solid black;">Year</th> </tr> <tr> <td style="border: 1px solid black; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 10px; height: 10px; display: flex; align-items: center; justify-content: center;">/</div> </div> </td> <td style="border: 1px solid black; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 10px; height: 10px; display: flex; align-items: center; justify-content: center;">/</div> </div> </td> </tr> </table>	Month	Year	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 10px; height: 10px; display: flex; align-items: center; justify-content: center;">/</div> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 10px; height: 10px; display: flex; align-items: center; justify-content: center;">/</div> </div>
Month	Year				
<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 10px; height: 10px; display: flex; align-items: center; justify-content: center;">/</div> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 10px; height: 10px; display: flex; align-items: center; justify-content: center;">/</div> </div>				

#### 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
<b>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.</b>	

## 17. Election of Benefit Form

Before you choose an option below, please review the Summary of Examples in *Your Benefit, Your Choice* (enclosed with this application). The summary provides an example of each option.

Refer to the Retirement Benefit Estimate based on the Annuity Starting Date (Block 15) included in your package that shows the amount of your benefit under the benefit forms below and your beneficiary choice.

Any cross-outs or changes in this section will require a new form.

**NOTE:** You cannot change your benefit form election (marked below) after PBGC makes the first payment to you.

Benefit Form	My Choice MARK ONLY ONE
A. Plan's Automatic Form for an <b>Unmarried</b> Participant <ul style="list-style-type: none"><li>If this is a straight life annuity do NOT complete Blocks 18a/18b.</li><li>If this is NOT a straight life annuity you must complete Block 18b.</li></ul>	<input type="checkbox"/>
B. Plan's Automatic Form for a <b>Married</b> Participant Complete Block 18a to select your spouse (from Block 13) as your beneficiary.	<input type="checkbox"/>
C. Straight Life Annuity Do NOT complete Blocks 18a/18b.	<input type="checkbox"/>
If selecting Options D – G below you must also complete Block 18a.	
D. Joint-and-50% Survivor Annuity	<input type="checkbox"/>
E. Joint-and-75% Survivor Annuity	<input type="checkbox"/>
F. Joint-and-100% Survivor Annuity	<input type="checkbox"/>
G. Joint-and-50% Survivor "Pop-up" Annuity	<input type="checkbox"/>
If selecting Options H – J below you must also complete Block 18b.	
H. 5-year Certain-and-Continuous Annuity (The 5-year Certain payment period starts on Annuity Starting Date in Block 15)	<input type="checkbox"/>
I. 10-year Certain-and-Continuous Annuity (The 10-year Certain payment period starts on Annuity Starting Date in Block 15)	<input type="checkbox"/>
J. 15-year Certain-and-Continuous Annuity (The 15-year Certain payment period starts on Annuity Starting Date in Block 15)	<input type="checkbox"/>

## 18a. Designation of Beneficiary for Survivor Annuity

Complete this section if you elected **Benefit Forms D-G** above.

Because you elected a joint-and-survivor annuity, your survivor annuity beneficiary designation is final and cannot be changed after PBGC makes your first payment.

The beneficiary identified below will receive the survivor annuity that continues after your death and any additional money owed to you at your death.

Ensure your choice of survivor annuity beneficiary is consistent with the information in your Retirement Benefit Estimate (name, date of birth). Any changes require a new Retirement Benefit Estimate.

If your survivor annuity beneficiary predeceases you, no continuing survivor annuity is payable. If we owe you any money at the time of your death (for example missed pension checks or any underpayments), we will pay the beneficiary(ies) you designate in Section 4.

☐ Spouse (Identified in Block 13)

**OR**

☐ Other Beneficiary

Beneficiary Last Name

Beneficiary First Name

Beneficiary Middle Name

Other Last Name(s) used

Beneficiary relationship to you

**Beneficiary Social Security Number**

-   -

**Beneficiary Date of Birth** MM/DD/YYYY Proof Required

/    /

**Beneficiary Mailing Address**

Apartment / Route Number

City

State

Zip Code/Postal Code

Country

**Beneficiary Primary Phone**

(     )    -

**Beneficiary Secondary Phone**

(     )    -

**18b. Designation of Beneficiary for Certain-and-Continuous Annuity**

**Complete this section if you elected Benefit Forms H-J above.**

**Because you elected a Certain and Continuous Annuity you may change your beneficiary identified below at any time by filing PBGC Form 711 Change of Beneficiary for Certain & Continuous (C&C) Benefits Only.**

**If you die before your certain period has expired the beneficiary identified below will receive benefits that continue after your death and any additional money owed to you at your death.**

**If you die after your certain period has expired and we owe you any money at the time of your death (for example missed pension checks or any underpayments), we will pay the beneficiary(ies) designated on Section 4.**

Name your beneficiary below. You may name more than one beneficiary. State the percentage you want each one to receive, and make sure the percentages total 100%. If you do not state percentages that total 100%, the amount owed will be distributed equally among all beneficiaries.

To name more than two beneficiaries, list their names, dates of birth, Social Security numbers, contact information, and percentages on a separate sheet of paper. Sign the sheet and attach it to this form.

☐ Check here if an additional sheet is attached.

If a beneficiary dies before you, the amount owed will be distributed equally among the remaining beneficiaries.

☐ Spouse (Identified in Block 13)

\_\_\_\_\_ %

☐ Beneficiary (1)

\_\_\_\_\_ %

☐ Beneficiary (2)

\_\_\_\_\_ %

Total of percentages may  
not exceed 100% for all  
beneficiary entries

<b>Beneficiary (1)</b>									
Beneficiary Last Name					Beneficiary First Name				
Beneficiary Middle Name					Other Last Name(s) used				
Beneficiary relationship to you									
<b>Beneficiary Social Security Number</b>					<b>Beneficiary Date of Birth</b> MM/DD/YYYY				
<div style="border: 1px solid black; display: flex; justify-content: space-between; align-items: center;"> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> </div>					<div style="border: 1px solid black; display: flex; justify-content: space-between; align-items: center;"> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> </div>				
<b>Beneficiary Mailing Address</b>					Apartment / Route Number				
City					State			Zip Code	
Country									
<b>Beneficiary Primary Phone</b>					<b>Beneficiary Secondary Phone</b>				
<div style="border: 1px solid black; display: flex; justify-content: space-between; align-items: center;"> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> </div>					<div style="border: 1px solid black; display: flex; justify-content: space-between; align-items: center;"> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> </div>				

<b>Beneficiary (2)</b>									
Beneficiary Last Name					Beneficiary First Name				
Beneficiary Middle Name					Other Last Name(s) used				
Beneficiary relationship to you									
<b>Beneficiary Social Security Number</b>					<b>Beneficiary Date of Birth</b> MM/DD/YYYY				
<div style="border: 1px solid black; display: flex; justify-content: space-between; align-items: center;"> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> </div>					<div style="border: 1px solid black; display: flex; justify-content: space-between; align-items: center;"> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> </div>				
<b>Beneficiary Mailing Address</b>					Apartment / Route Number				
City					State			Zip Code	
Country									
<b>Beneficiary Primary Phone</b>					<b>Beneficiary Secondary Phone</b>				
<div style="border: 1px solid black; display: flex; justify-content: space-between; align-items: center;"> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> </div>					<div style="border: 1px solid black; display: flex; justify-content: space-between; align-items: center;"> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> <span style="width: 20px; height: 20px;"></span> </div>				

### Section 3: Spousal Consent to Elected Form of Benefit and Beneficiary

Leave this section blank if you:

- are not married.
- are married and chose Benefit Form B (Block 17) and a prospective Annuity Starting Date (on or after the date you contacted us to begin receiving benefits) in **Block 15**.

Your spouse must consent by signing and notarizing the block below if you:

- are married and did NOT choose Benefit Form B (Block 17)
- chose a retroactive starting date in **Block 15**

Your spouse's signature for the consent must be notarized by a notary public.

If your spouse does not consent, PBGC will pay your benefit in the normal married form.

#### To be completed by spouse:

By signing below, I consent to my spouse's election of the benefit form selected in **Block 17** and the beneficiary designated in **Block 18**. If my spouse is offered a retroactive annuity starting date, I consent to my spouse's election of the retroactive annuity starting date in **Block 15**. My consent is voluntary. I have read and I understand the information provided with this application.

I understand all the following:

- I have a right **not** to consent to my spouse's election.
- If I do **not** consent and my spouse chose a prospective annuity starting date in **Block 15**, my spouse's benefit will be paid in the plan's automatic form for married participants, Benefit Form Choice B in **Block 17**. 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 **not** consent and my spouse chose a retroactive annuity starting date in **Block 15**, PBGC will not process this application.
- If I **do** consent to my spouse's election, survivor benefits, if any, will be paid according to the benefit form and beneficiary designation elected by my spouse. As a result, if my spouse dies before me, I may not be entitled to any survivor benefits.
- If my spouse elects a certain and continuous annuity (Choice H, I, or J in **Block 17**), and if I consent to this election, my spouse can NOT make future changes to the beneficiary without my consent.
- If my spouse chose a retroactive annuity starting date in **Block 15**, the survivor annuity may be less valuable (that is, my monthly payment as a surviving beneficiary would be smaller) than the one available under a prospective annuity starting date.
- If I **do** consent to my spouse's election, I cannot revoke my consent after PBGC makes the first payment to my spouse.

\_\_\_\_\_  
SPOUSE'S SIGNATURE (MUST BE NOTARIZED)

\_\_\_\_\_  
DATE

#### To be completed by Notary Public:

On this \_\_\_\_\_ day of \_\_\_\_\_ Month, \_\_\_\_\_ Year,

I acknowledge that this Spousal Consent to Elected Form of Benefit and Beneficiary 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

## Section 4: Designation of Beneficiary for Payments Owed at Death

**Everyone should complete this section.**

PBGC may owe **you** money at the time of your death. Typically, this happens if your final benefit is higher than the estimated benefit we had been paying. It may also happen if you have uncashed payments at the time of death.

- **If another person continues to receive your benefit after your death (as with a joint-and-survivor or certain-and-continuous annuity),** PBGC will pay any money owed to that person.
- **If there are no continuing benefits or the person designated to receive continuing benefits (in Block 18 a or b of this form) dies before you,** PBGC will pay any money owed you at the time of your death to the person(s) and/or entity(ies) (such as a trust, church, estate or other organization) that you designate in this section.

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.

To name more than three beneficiaries, list their names, dates of birth, relationship to you, Social Security numbers, contact information, and percentages on a separate sheet of paper, with your name and customer ID. Sign and date the sheet and attach it to this form.

☐ Check here if an additional sheet is attached.

If a beneficiary dies before you, the amount owed will be distributed equally among the remaining beneficiaries.  
If all beneficiaries die before you, the amount owed will be distributed equally among the remaining beneficiaries.

This designation replaces any previous designation and will only be effective when PBGC receives it.

Beneficiary (1)	_____ %	The amount owed will be distributed equally among beneficiaries <b>unless</b> 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.
Beneficiary (2)	_____ %	
Beneficiary (3)	_____ %	

### Beneficiary Information (1)

Beneficiary Last Name					Beneficiary First Name									
Beneficiary Middle Name					Other Last Name(s) used									
Beneficiary relationship to you:														
Beneficiary Social Security Number										Beneficiary Date of Birth MM/DD/YYYY				
<div style="display: flex; justify-content: space-between;"> <span>[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]</span> <span>[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]</span> </div>														
Beneficiary Mailing Address										Apartment / Route Number				
City					State					Zip Code				
Country														
Beneficiary Primary Phone										Beneficiary Secondary Phone				
<div style="display: flex; justify-content: space-between;"> <span>( [ ][ ][ ][ ] ) [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]</span> <span>( [ ][ ][ ][ ] ) [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]</span> </div>														

**Beneficiary Information (2)**

Beneficiary Last Name										Beneficiary First Name									
Beneficiary Middle Name										Other Last Name(s) used									
Beneficiary relationship to you																			
<b>Beneficiary Social Security Number</b>										<b>Beneficiary Date of Birth</b> MM/DD/YYYY									
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<b>Beneficiary Mailing Address</b>										Apartment / Route Number									
City										State					Zip Code				
Country																			
<b>Beneficiary Primary Phone</b>										<b>Beneficiary Secondary Phone</b>									
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**Beneficiary Information (3)**

Beneficiary Last Name										Beneficiary First Name									
Beneficiary Middle Name										Other Last Name(s) used									
Beneficiary relationship to you																			
<b>Beneficiary Social Security Number</b>										<b>Beneficiary Date of Birth</b> MM/DD/YYYY									
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
<b>Beneficiary Mailing Address</b>										Apartment / Route Number									
City										State					Zip Code				
Country																			
<b>Beneficiary Primary Phone</b>										<b>Beneficiary Secondary Phone</b>									
( <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										( <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									

**Section 5: Method of Receiving Benefit Payments**

PBGC pays benefits through safe, secure, and convenient electronic funds transfer. You will get your payment on time even if you are out-of-town or unable to get to the bank.

If you have a bank account, you can ask us to deposit your benefit payments to your account through Electronic Direct Deposit (EDD).

Note: PBGC does not transfer funds to financial institutions outside the United States and its territories. *If you live outside the United States or its territories and do not have a U.S bank account, PBGC will send your payment to your mailing address.*



**19. How would you like to receive your payments?**

	<b>My Choice MARK ONLY ONE</b>
<b>A.</b> By EDD to the account identified below, which must be titled in my name although it is fine for there to be joint or other co-owners on the account.	<input type="checkbox"/>
<b>B.</b> By mail to my home address, which is printed in Section 1 of this form.	<input type="checkbox"/>

**20. Bank or Financial Institution and Account Information**

Provide the information below for PBGC to send your payment directly to your account at a bank or other financial institution. The information is available from your financial institution or can be found on your checks and account statements. The sample check below shows the location of your nine-digit routing number and your account number. If you are unsure of the routing number or your account number, contact your financial institution.

You can change this arrangement by filing a new Form 710 Application for Electronic Direct Deposit. You can cancel this arrangement by notifying PBGC in writing. The financial institution can cancel it by sending you a written notice.

**Or Attach a VOIDED check to this application.**

<b>SAMPLE CHECK</b>		Date _____ 101
Pay to the Order of _____ \$ _____		
Memo _____		
●:012345678	1234567890	101
Routing Number	Account Number	Check Number

**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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Checking

☐

Savings

☐

**Section 6: 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

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## THIS OPTIONAL CHECKLIST IS FOR YOUR USE

Please review the checklist below 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 in Section 6?	<input type="checkbox"/>
2. Did you enclose a copy of your proof of age document? Your driver's license is <i>not</i> a proof of age document.	<input type="checkbox"/>
3. If you are married, did you enclose a copy of your marriage certificate or common law document?	<input type="checkbox"/>
4. If you completed Section 18a and selected "Other Beneficiary", did you enclose beneficiary proof of age?	<input type="checkbox"/>
5. If you are married, did you enclose a copy of your spouse's proof of age?	<input type="checkbox"/>
6. If you are married and elected a benefit form other than option B in Block 17, did your spouse sign Section 3 and was the signature notarized?	<input type="checkbox"/>
7. Did you complete Section 4 naming beneficiary(ies) for payments owed at death?	<input type="checkbox"/>
8. Did you complete and submit IRS Form W-4P to choose your federal tax withholding?	<input type="checkbox"/>