



Payee Information Form

PBGC Form 701
Approved OMB 1212-0055
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Pension Benefit Guaranty Corporation.
P.O. Box 151750 • Alexandria, VA 22315-1750

For assistance, call 1-800-400-7242

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

Participant Name / SSN:

INSTRUCTIONS: Please complete this form so PBGC can continue to send your pension benefit payments. Use dark ink and be sure to print clearly. If you have questions, contact our Customer Contact Center at 1-800-400-7242 for information.

1. General information about you

Last Name				First Name							
Middle Name				Other Name(s) Used							
Social Security Number				Date of Birth				Gender			
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						FEMALE <input type="checkbox"/>					
Mailing Address						Apartment / Route Number					
City						State		Zip Code			
Country						Email (OPTIONAL)					
Daytime Phone						EXTENSION		Evening Phone			
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Payee Information Form**Form 701, page 2 of 3**

Plan Number:

Participant Name / SSN:

Your relationship to person who participated in the plan:		MARK ONLY ONE
A. Self – The benefits are from my pension plan		<input type="checkbox"/>
B. Beneficiary - The benefits are from the pension plan of someone who is deceased.		<input type="checkbox"/>
My relationship to the participant:	<input type="checkbox"/> Spouse <input type="checkbox"/> Other:	
Name of Participant:		
Date of participant's death:		
C. Alternate payee - I have a Qualified Domestic Relations Order (QDRO) that establishes my right to receive some or all of a participant's benefits from a pension plan.		<input type="checkbox"/>
Name of Participant:		
Date of QDRO:		
D. Other. Please explain:		<input type="checkbox"/>

2. Participant Information – Complete this section only if you checked “Self” in section 1.

If you are currently employed please provide information below:		
Employer Name:	City and State	
Were you married when you retired? If so, please provide the information below about your spouse at retirement.		
No <input type="checkbox"/>		
Yes <input type="checkbox"/>		
Spouse's Last Name	Spouse's First Name	
Spouse's Middle Name	Other Name(s) Used	
Spouse's Social Security Number	Spouse's Date of Birth	Date of Marriage
Is there a Qualified Domestic Relations Order (QDRO) from a court that requires we pay some or all of your benefit to someone else?		
No <input type="checkbox"/>		
Yes <input type="checkbox"/>		
Date of the QDRO:		
Name of alternate payee:		

CONTINUE ➞

Payee Information Form**Form 701, page 3 of 3**

Plan Number:

Participant Name / SSN:

- 3. Signature** – You must sign and date this document. Knowingly and willfully making false, fictitious or fraudulent statements to the Pension Benefit Guaranty Corporation is a crime punishable under Title 18, Section 1001, and 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

- 4. Designation of Beneficiary** – PBGC may owe you payments at the time of your death. Generally, this will happen if your estimated benefit is too low. If your benefit will continue to be paid to another person after your death (as with a joint-and-survivor or certain-and-continuous annuity), the person receiving those continuing benefits will also receive any payments due to you at the time of your death. If there are no continuing benefits, PBGC will make any payments due to you at the time of your death to the person you designate below. If you do not designate anyone, or if the beneficiary you name dies before you, PBGC will pay the amount we owe you in this order: your spouse, your children, your parents, your estate, and your next of kin.

Beneficiary – I name the following person as my beneficiary for amounts owed to me at my death. This replaces any previous designation and will only be effective when PBGC receives it.

Last Name		First Name	
Middle Name	Other Name(s) Used		
Social Security Number		Date of Birth	Gender
<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"/>	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
Mailing Address		Apartment / Route Number	
City		State	Zip Code
Country		Email (OPTIONAL)	
Daytime Phone		EXTENSION	Evening Phone
(<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"/>
Relationship to me, if any (e.g., spouse or granddaughter, friend)			

TO CHANGE THIS DESIGNATION, CONTACT PBGC'S CUSTOMER CONTACT CENTER AT 1-800-400-7242.

THANK YOU.