



# Designation of Beneficiary

## (Currently Receiving Pension Benefits)

**PBGC Form 707**

Approved OMB 1212-0055

Expires 09/30/08

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

**For assistance, call 1-800-400-7242**

### PRIVACY ACT NOTICE

The Privacy Act of 1974, as amended, 5 U.S.C. § 552a (1994), requires PBGC to give you this notice when collecting information from you. PBGC uses the information to determine whether and how much of a pension benefit is due you under a private defined benefit pension plan that has terminated, and to make appropriate benefit payments. Your Social Security Number is used by PBGC to identify your records within PBGC, to report income for tax purposes, and to respond to lawful requests for information about you from other individuals and entities. Your response is voluntary. However, failure to provide information to PBGC, including your Social Security Number, may delay or prevent PBGC from calculating and paying your pension benefits.

PBGC may release information about you to other individuals and entities when necessary and appropriate under the Privacy Act, including: to third parties to make benefit payments to you; to a company that was responsible for your pension plan or to entities related to that company; to a labor organization that represents you; to obtain information from the Federal Aviation Administration relevant to a pilot or former pilot's eligibility for a disability benefit; to obtain your address from other sources when PBGC does not have a current or valid address for you; and to a limited extent to your spouse, former spouse, child, or other dependent when such individual may be entitled to benefits from PBGC.

PBGC may also release information about you to appropriate law enforcement agencies when PBGC becomes aware of a possible violation of civil or criminal law. If PBGC, an employee of PBGC, the United States, or another agency of the United States, is involved in litigation, PBGC may provide relevant information about you to a court or other adjudicative body or to the Department of Justice when it represents PBGC. PBGC may also provide information about you to the Office of Management and Budget in connection with review of private relief legislation or to a Congressional office in response to an inquiry that office makes about you at your request.

PBGC publishes notices in the Federal Register that describe in more detail when information about you may be made available to others. A copy of the most recent Federal Register notice may be obtained from PBGC's Contact Center by calling 1-800-400-7242. For TTY/TDD users, call the federal relay service toll free at 1-800-877-8339 and ask to be connected to 1-800-400-7242. PBGC's authority to collect information from you, including your Social Security Number, is derived from 29 U.S.C. §§ 1055, 1056(d)(3), 1302, 1321, 1322, 1322a, 1341 and 1350 (1994).

### PAPERWORK REDUCTION ACT NOTICE

The PBGC needs this information so that it can determine your entitlement, if any, to a pension benefit under a private defined benefit pension plan that has terminated. A defined benefit plan is a traditional pension plan that promises a specified monthly benefit at retirement. The PBGC does not pay benefits under 401(k) or other defined contribution plans, ongoing defined benefit plans, government plans, and certain other plans. Your response is voluntary. However, the information is required in order for you to receive such a pension benefit. The PBGC will use this information to determine the form and amount of any such pension benefit and to make appropriate payments. Under the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. This collection of information has been approved by the Office of Management and Budget (OMB) under control number 1212-0055 (expires 08/31/08). The information provided to the PBGC may be disclosable under the Freedom of Information Act and the Privacy Act. The PBGC estimates that the average burden of responding to a request for identifying information as part of an initial contact with the PBGC under the PBGC's Pension Search program is about 16 minutes, and that the average burden of complying with the information collection request in the PBGC's application package is about 34 minutes. Comments concerning the accuracy of this estimate or suggestions for further reducing this burden may be sent to Pension Benefit Guaranty Corporation, Office of the General Counsel, 1200 K Street, NW, Washington, DC 20005-4026.



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

**For assistance, call 1-800-400-7242**

Case Name:			
Case Number:	Participant Name / SSN:		
Date of Plan Termination			

**INSTRUCTIONS:** Use this form to name or change your beneficiary. Be sure to print clearly and use dark ink. If you have any questions, please call our Customer Contact Center at 1-800-400-7242.

## 1. General information about you

Last Name		First Name	
Middle Name		Other Name(s) Used	
Social Security Number			
[ ][ ] - [ ][ ] - [ ][ ][ ][ ]			
Mailing Address		Apartment / Route Number	
City		State	Zip Code
Country		Email (optional)	
Daytime Phone		EXTENSION	Evening Phone
( [ ][ ][ ] ) [ ][ ][ ] - [ ][ ][ ][ ] x [ ][ ][ ][ ]			( [ ][ ][ ] ) [ ][ ][ ] - [ ][ ][ ][ ]

**2. Beneficiary Designation** – Please indicate the type of designation you are making. If you want to designate different persons to receive the two types of payments, please use a separate form for each. If you want to designate the same person, check both boxes. 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.

<input type="checkbox"/>	<b>Designation of Beneficiary for Annuity Benefits Payable after Death</b> – Annuity benefits, other than joint-and-survivor benefits, that are payable to your beneficiary for periods after your death.
<input type="checkbox"/>	<b>Designation of Beneficiary for Benefits Due at Death</b> – This designation covers payments that PBGC may owe you at the time of your death such as back payments for benefit estimates that were too low. If your benefit continues after your death (as with a joint-and-survivor or certain-and-continuous annuity), the person named to receive those continuing benefits will receive any payments due to you at the time of your death. If not, PBGC will make any payments due to you at the time of your death to the person you name below. If you do not name 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.

CONTINUE ➔

# Designation of Beneficiary

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Case Number:

Participant Name / SSN:

- 3. Beneficiary** – I name the following person as my beneficiary for the purpose checked in #2. This designation 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	
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ][ ]			[ ][ ] / [ ][ ] / [ ][ ][ ][ ]			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		
( [ ][ ][ ] ) [ ][ ][ ] - [ ][ ][ ][ ][ ]			x [ ][ ][ ][ ]		( [ ][ ][ ] ) [ ][ ][ ] - [ ][ ][ ][ ][ ]		
Relationship to me, if any (e.g., spouse, granddaughter, friend)							

- 4. Contingent beneficiary** – If the person I listed in section 3 dies before I do, I name the following person as my contingent beneficiary.

Last Name				First Name			
Middle Name			Other Name(s) Used				
Social Security Number			Date of Birth			Gender	
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ][ ]			[ ][ ] / [ ][ ] / [ ][ ][ ][ ]			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		
( [ ][ ][ ] ) [ ][ ][ ] - [ ][ ][ ][ ][ ]			x [ ][ ][ ][ ]		( [ ][ ][ ] ) [ ][ ][ ] - [ ][ ][ ][ ][ ]		
Relationship to me, if any (e.g., spouse, granddaughter, friend)							

- 5. Signature** – You must sign and date this form.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**SIGN & DATE BEFORE SUBMITTING. THANK YOU.**