

**1. Write in the plan's EIN, PN, and Plan Year Beginning Date (if these are not already present), and the amount of your check.**

**2. Mail this voucher and check to:**

**Pension Benefit Guaranty Corporation  
Department 77430  
P.O. Box 77000  
Detroit, MI 48277-0430**

EIN:

PN:

Plan Year Beginning Date:

Check Amount:



In addition, write the plan's EIN/PN and Plan Year Beginning Date on the paper check in case the check becomes separated from the voucher.