



Payee Information Form

PBGC Form 701

Approved OMB 1212-0055

Expires 09/30/11

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

For assistance, call 1-800-400-7242

PRIVACY ACT NOTICE

The Privacy Act of 1974, *as amended*, 5 U.S.C. § 552a (2006), 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 Customer Contact Center by calling, 1-800-400-7242. If you use a **TTY/TDD**, call toll-free 1-800-877-8339 and give the communications assistant PBGC's telephone number. 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 (2000 & Supp. V 2005).

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 September 30, 2011). 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 15 minutes, and that the average burden of complying with the information collection request in the PBGC's application package is about one hour. Comments concerning the accuracy of this estimate or suggestions for further reducing this burden may be sent to Pension Benefit Guaranty Corporation, Legislative and Regulatory Department, 1200 K Street, NW, Washington, DC 20005-4026.



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INSTRUCTIONS: PBGC requires this form be completed in order to continue pension payments. If you have questions, call our Customer Contact Center at 1-800-400-7242. **Print clearly with dark ink.**

1. General information about you

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	[]	[]	[]	([]	[]	[])	[]	[]	[]	-	[]	[]	[]	[]			
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"/>													
Participant's name:										Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Other																					
Participant's Social Security Number						Participant's Date of Birth						Participant's Date of 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"/>													

CONTINUE ➡

- 3. 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 be effective only 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 or granddaughter, friend)																												

- 4. 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