



Power of Attorney (POA)

PBGC Form 715

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: Please complete this form to name a person as your representative to PBGC. Please read the Filing Instructions for information as to when this form may be used and by whom. If you have any questions, 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			Date of Birth			Gender	
[]	[]	[]	-	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]
Mailing Address				Apartment / Route Number			
City			State		Zip Code		
Country				Email (OPTIONAL)			
Daytime Phone			EXTENSION		Evening Phone		
([] [] [])	[]	[]	-	[]	[]	[]	x [] [] []
([] [] [])	[]	[]	[]	[]	[]	[]	- [] [] []
I am:							MARK ONLY ONE
A. a participant							<input type="checkbox"/>
B. a beneficiary of a deceased participant							<input type="checkbox"/>
C. an alternate payee with a QDRO, entitled to all or part of a participant's benefit							<input type="checkbox"/>
D. a person appealing a PBGC determination							<input type="checkbox"/>
E. the legally authorized representative of one of the above							<input type="checkbox"/>
If you checked B, C or D, provide name of the plan participant; if you checked E, provide name of the participant and of the person you are representing.							
Pension Plan Name						PBGC Case Number	
[]	[]	[]	[]	[]	[]	[]	[]

CONTINUE

2. Your Representative - I name the following person as my representative to the Pension Benefit Guaranty Corporation.

Name of Representative

3. Types of Actions - I want my representative to: **(Check A or B and, if desired, C.)**

<input type="checkbox"/>	<p>A. Represent me in my dealings with PBGC. This includes:</p> <ul style="list-style-type: none"> ▪ Applying for my benefit ▪ Changing my beneficiary ▪ Representing me in any request for information or forms ▪ Responding to PBGC's request for information or documents ▪ Changing the address or bank to which I want my PBGC payments sent ▪ Representing me before the PBGC's Appeals Board ▪ Changing my tax withholding <p>I understand that my representative <i>cannot</i> take the following actions:</p> <ul style="list-style-type: none"> ▪ Sign a form for me that PBGC requires me to sign in the presence of a notary, such as a spouse's consent to waive a joint-and-survivor annuity. ▪ Have PBGC make my check payable to him or her or have PBGC deposit my check payable to an account that does not have my name on it. ▪ Be compensated by PBGC for representing me or claiming a fee from PBGC on my behalf.
<input type="checkbox"/>	<p>B. Take only the following actions for me (I have checked the items that I want to apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Applying for my benefit <input type="checkbox"/> Changing my beneficiary <input type="checkbox"/> Representing me in any request for information or forms <input type="checkbox"/> Responding to PBGC's request for information or documents <input type="checkbox"/> Changing the address or bank to which I want my PBGC payments sent <input type="checkbox"/> Representing me before the PBGC's Appeals Board <input type="checkbox"/> Changing my tax withholding
<input type="checkbox"/>	<p>C. Copies of Documents I want my representative to receive copies of all correspondence PBGC sends to me.</p>

4. Signature – Sign and date this form.

PAYEE'S SIGNATURE _____

DATE _____

(You can change or cancel this power of attorney anytime by notifying PBGC in writing of the changes you want.)

CONTINUE

5. Acceptance of Power of Attorney

I accept the power of attorney given on this form.

REPRESENTATIVE'S SIGNATURE

DATE SIGNED

Representative's printed name

Representative's Address

City

State

Zip Code

Country

Email (OPTIONAL)

Representative's Daytime Phone

EXTENSION

Representative's Evening Phone

([] [] []) [] [] [] - [] [] [] x [] [] [] [] ([] [] []) [] [] [] - [] [] [] []

BOTH SECTIONS 4 AND 5 MUST BE SIGNED & DATED BEFORE YOU SUBMIT THIS FORM. THANK YOU.

POWER OF ATTORNEY FORM FILING INSTRUCTIONS

Who may use this form?

This form may be used by:

- A participant;
- A beneficiary of a deceased participant;
- An alternate payee under a qualified domestic relations order (“QDRO”) who is entitled to all or part of a participant’s benefit;
- A person appealing a PBGC determination; or
- The legally authorized representative of a participant, beneficiary, alternate payee, or appellant.

When may this form be used?

You may use this form only to designate a person to represent you while you are mentally competent. This designation ceases to be effective in the event you become mentally incompetent. For a designation that will be effective in the event of your mental incompetence, you must submit a Durable Power of Attorney form to PBGC at P.O. Box 151750, Alexandria, VA 22315-1750

Note: In the event you become mentally incompetent without having designated a representative in a Durable Power of Attorney form, a person seeking to represent you will have to establish rights as a Guardian, Conservator, or Successor, of the “Person and Estate” or of the “Estate.”

Do I have to use this form?

No, however, if you do not use this form, you should be sure to include all of the information required by this form. Also, any form you submit must not authorize your representative to take any actions that are not permitted or allowed by PBGC (see the last three items in Section 3A of the PBGC Power of Attorney form).

What is a Durable Power of Attorney?

A Durable Power of Attorney is a document that authorizes a person to act as your representative, attorney-in-fact, or agent to perform specified acts on your behalf, and this authorization continues in the event of your mental incompetence.

How do I obtain a Durable Power of Attorney?

You may obtain a Durable Power of Attorney from an attorney or from a state court office.

CONTINUE 

How do I file this Power of Attorney form?

File the Power of Attorney by mailing the original form to PBGC, P.O. Box 151750, Alexandria, VA 22315-1750. If you are working with any particular person within the PBGC, you may also want to provide a copy of the completed form to that person.

What if I am a participant in more than one PBGC pension plan?

Usually, you need to file only one form. Be sure to list all of the plans and their case numbers on page 1 of the Power of Attorney form. You can get the plan names and case numbers from our letters to you or by calling our Customer Contact Center 1-800-400-7242.

What if I already have a Power of Attorney on file with PBGC?

The filing of this Power of Attorney does not alter or automatically replace any earlier Power(s) of Attorney filed with PBGC for the matters covered by this form. Once you have granted a Power of Attorney it will remain in effect unless you revoke it in writing. If you grant a Power of Attorney for a particular matter to more than one person, any of those persons may exercise his or her Power of Attorney on that matter.

Can I limit my representative's powers?

Yes. See Section 3B of the Power of Attorney form and mark only those actions that you authorize your representative to perform on your behalf.

Does my representative need to sign this form?

Yes. Your representative must sign and date the form on page 3 to accept your designation. PBGC will reject a Power of Attorney form if it has not been signed by both you and your representative.