



# Election to Withhold Federal Income Tax from Periodic Payments

**PBGC Form 719**  
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:** Use this form to tell PBGC how much Federal income tax to withhold from your monthly or annual payment. If you have questions, call our Customer Contact Center at 1-800-400-7242. **Please print clearly with dark ink.**

## 1. General information about you

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

**2. Information on Federal tax withholding** – Tax laws require that we withhold Federal income tax from your pension payments unless you instruct us to do otherwise. You have three choices. Please read them carefully and make your selection on the next page. You may choose:

- A) To have PBGC withhold no Federal income taxes from your payments (not available if you live outside of the United States).
- B) To have PBGC follow IRS guidance and calculate your withholding.  
If you choose this option, you need to tell us if you are married and the number of allowances you claim. It is possible that we will not withhold any Federal income tax even if you choose this option – if, for example, your benefit is low or if you claim a large number of allowances. You may increase the amount we withhold by claiming fewer allowances, by having additional money withheld, or by electing option C, below.
- C) To have PBGC withhold the amount you tell us to withhold each month.

If you decide not to have PBGC withhold taxes or the amount that we withhold is too low, you may have to pay an estimated tax directly to the Internal Revenue Service. If the amount of your estimated tax or your withholding is too low, you may also have to pay the IRS penalties. You may wish to consult a tax specialist or the IRS about your decision.

CONTINUE ➡

**What happens if you do not choose any option?**

If you do not choose one of these options, we will withhold Federal taxes as if you were a married individual with three allowances. The amount we will withhold depends on your monthly pension.

**What if you want to pick a different option later?**

You may change your decision at any time. To choose a different option, simply call PBGC's Customer Contact Center at 1-800-400-7242. We will then send you a tax withholding form to complete. Depending on when we receive it, we will make the change by the next month or the month after that.

**What if you don't live in the United States?**

If you live outside the United States, you cannot elect option A. You may be eligible for special tax treatment under a tax treaty with the country you reside in. We will send you additional information after you file this form.

When determining your Federal tax withholding you may find it helpful to read the IRS instructions for completing the IRS Form W-4P (Withholding Certificate for Pension or Annuity Payments). If you would like a copy, you can either call the PBGC Customer Contact Center at 1-800-400-7242 or request a copy be sent to you, or you can print a copy from the IRS Internet site under Forms and Instructions at [www.IRS.gov](http://www.IRS.gov).

**Election** - In general, tax laws require PBGC to withhold Federal income tax from your pension payments, unless you specifically elect not to have taxes withheld. Complete A or B or C (**ONLY ONE**).

<b>A.</b> I elect not to have Federal income tax withheld. (Available to U.S. residents only.)	<input type="checkbox"/>
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**OR**

<b>B.</b> I elect to have Federal income tax withheld based on IRS instructions. Marital Status (REQUIRED) <b>Single</b> <input type="checkbox"/> <b>Married</b> <input type="checkbox"/>  Number of withholding allowances (REQUIRED) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Additional monthly amount to be withheld (optional): \$ <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <b>.00</b>	<input type="checkbox"/>
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**OR**

<b>C.</b> I elect to have the following amount withheld for Federal income tax. The dollar amount to be withheld monthly is: \$ <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <b>.00</b>	<input type="checkbox"/>
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If you do not choose an option, we will withhold Federal income taxes as if you were a married individual with three allowances. This means that for year 2008, we will withhold taxes only if your monthly PBGC benefit is \$1,560 or more.

**3. Signature** – Sign and date this form.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE