Application for Electronic Direct Deposit

PBGC Form 710
Approved OMB 1212-0055
Expires 04/30/06

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

For assistance, call 1-800-400-7242

Plan Name:
Plan Number:
Date Printed:
Date of Plan Termination:

Participant Name / SSN:

INSTRUCTIONS: Please complete this form to have PBGC send your pension benefit payments directly to your bank or other financial institution through electronic direct deposit (EDD). Use dark ink and be sure to print clearly. If you have questions, call our Customer Contact Center at 1-800-400-7242 for information.

1. General information about you

Plan Name (as shown on check)		
Last Name		First Name
Middle Name	Other Name(s) Used	
Social Security Number ___ - __ - ____	PBGC Plan Number ____ 00	
Mailing Address	Apartment / Route Number	
City	State	Zip Code
Country	Email (optional)	
Daytime Phone (___) ___ - ____ x ____ EXTENSION	Evening Phone (___) ___ - ____	

2. Signature – I hereby authorize PBGC to deposit my pension benefit funds into my account. I understand that I may change this election in the future.

SIGNATURE

DATE

CONTINUE

3. **Financial institution information** – Please provide the information in this section to have your payment sent directly to a financial institution. The financial institution will receive and post credits and/or debits for you. You may cancel or change this arrangement by calling PBGC at 1-800-400-7242. The financial institution can cancel it by sending you a written notice.

The information below is available from your financial institution, or you may find it on your checks, account statement, or deposit slip. There are three numbers printed on the bottom of your check: the financial institution's routing number, your account number, and your check number. The routing number must be nine digits. The first two digits must be 01 through 12 or 21 through 32. Your account number can be up to 17 characters (both numbers and letters). Include hyphens but omit spaces and special symbols. Be sure not to use the check number. If you are unsure of the routing number or your account number, contact your financial institution.

Name of Financial Institution			Branch
Mailing Address			
City	State	Zip Code	
Name of contact person			
Routing Number	Financial Institution Phone Number		EXTENSION
	( ) -		x
Name(s) on the Account			Account Type ☐ Checking ☐ Savings
Account Number			

4. **Mail this form to:**

Pension Benefit Guaranty Corporation
PO Box 151750
Alexandria Virginia 22315-1750