

Participant Name: Plan Number:

Election of Retroactive Annuity Starting Date (Spousal Consent Required)

PBGC Form 700RSC

Pension Benefit Guaranty Corporation

For Assistance Call 1-800-400-7242

TTY/ASCII (American Standard Code for Information Interchange) users, call the federal relay service toll-free at 1-800-877-8339 and ask to be connected to 1-800-400-7242.

Date Printed: Date of Plan Termination:				
If you have been offered a retroactive annuity starting d				
from this pension plan (and that spouse is still living), u	ise this form to elect the retroactive annuity	starting date.		
Please print clearly with blue or black ink. You must con	mplete all sections of this form.			
Section 1: General Information About You	X			
1. Last Name	2. First Name			
3. Middle Name	4. Other Last Name(s) used			
5. Social Security Number	6. Date of Birth MM/DD/YYYY	7. Gender		
1 2 3 - 5 5 - 6 7 8 9	M M / D D / Y Y Y	□ MALE □ FEMALE		
8. Mailing Address	Apartment / Route Number			
City	State Zip Code			
Country				
9. Primary Phone	10. Phone Type			
(5 5 5) 3 4 5 - 6 7 8 9	☐ Home ☐ Mobile			
11. Secondary Phone	12. Phone Type			
(5 5 5) 3 4 5 - 6 7 8 9	☐ Home ☐ Mobile			
13. Marital Status				
Were you married when you began receiving a benefit from this pension plan? ☐ YES ☐ NO				
If VEC outsignation and of the data you began receiving a honefit from this page in the				
If YES, enter spouse information as of the date you began receiving a benefit from this pension plan.				
Spouse Last Name	Spouse First Name			
Spouse Middle Name	Other Last Name(s) used			

Plan Number: Participant Name:									
Spouse Social Security Number	Spouse Date of Birth MM/DD/YYYY								
1 2 3 - 5 5 - 6 7 8 9	M M / D D / Y Y Y Y								
Date of Marriage MM/DD/YYYY	Y Y Y Y Y								3
Is there a court order (for example domestic relations order your benefit to be paid to spouse, former spouse, child or							nat req	uires s	ome or all
□ NO □ YES									
If YES complete the following. If you have more than one court order or alternate payee, list on a separate sheet and attach to this application.									
☐ Check here if additional sheet is attached.									
Date of Court Order MM/DD/YYYY M M / D D / Y Y Y Y									
Name of alternate payee									
Relationship to you									
Section 2: Retirement Benefit Choices									
15. Retroactive Annuity Starting Date	Month Year								
Enter the Retroactive Annuity Starting Date you are electing.		М	M	/	Y	Y	Y	Y]
16. Were you employed on your Retroactive Annuity Starting Date?	□ YES								
Employer Name	Г								
City	State								
If you were employed by the company that sponsored contact PBGC to confirm your eligibility before submi	tting this a								

Plan Number: Participant Name:

Section 3: Spousal Consent to Retroactive Annuity Starting Date

Leave this section blank if:

- you were not married when you started receiving benefit, or
- the spouse you were married to when you started receiving benefits is deceased.

If you were married when you began receiving benefits, your spouse at that time must consent to your choice by signing below.

- His/her signature for the consent must be notarized by a notary public.
- Without his/her consent, your Annuity Starting Date will not change.

To be completed by the spouse who was married to the participant when he/she began receiving benefits:

By signing below, I consent to my spouse's (or former spouse's) election to change the annuity starting date to the Retroactive Annuity Starting Date shown in the enclosed Retirement Benefit Estimate.

I affirm that I have read and understood the information provided by PBGC in the Retirement Benefit Estimate and that my consent to this change is voluntary.

In addition, I understand that:

- My consent is required to change the starting date of the annuity.
- I have a right not to consent to the change in the starting date of the annuity.
- With or without my consent, the annuity will continue to be paid in the form of benefit the participant originally elected.
- Any survivor benefits will be paid according to the form of benefit originally elected and to the designated beneficiary.
- By agreeing to change the starting date to the Retroactive Annuity Starting Date, if the participant dies before me, my monthly payment as surviving beneficiary (if applicable) will be smaller than if the starting date remained unchanged.
- My signature below must be notarized.

SIGNATURE OF SPOUSE WHO WAS MARRIED TO THE PARTICIPANT WHEN HE/SHE BEGAN RECEIVING BENEFITS DATE	
(MUST BE NOTARIZED)	
To be completed by Notary Public:	
On this day of Month,Year,	
I acknowledge that this Spousal Consent to Retroactive Annuity Starting Date was signed by who appeared personally before me, or whose identity or signature is personally known to me, or who has provide basis of satisfactory evidence that he/she is the authorized signer of this form.	ved to me on the
DATE MY COMMISSION EXPIRES NOTARY PUBLIC NAME	
CITY / COUNTY STATE	

Section 4: Federal Tax Election	



Plan Number: Participant Name: If you wish to change your federal tax withholding, complete this section by selecting only one option – A or B or C. If you do not choose an option, if you choose multiple options or if the option you select is incomplete, we will withhold federal income taxes according to your most recent federal tax withholding election on file. In general, tax laws require PBGC to withhold federal income tax from your pension payments unless you specifically elect not to have taxes withheld. MARK ONLY ONE I elect not to have federal income tax withheld. (Available to U.S. residents only.) I elect to have federal income tax withheld based on IRS instructions. Single Married Marital Status (REQUIRED) Number of withholding allowances (REQUIRED) .00 Additional monthly amount to be withheld (optional): \$ I elect to have the following amount withheld for federal income tax. .00 \$ Section 5: 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 the information I have provided on this form is true and correct. Participant Signature Date Please complete the checklist below to ensure that your application form has all the required signatures and proof documents before you submit it. A MISSING SIGNATURE COULD DELAY YOUR FIRST PAYMENT.

Please complete the checklist below to ensure that your application form has all the required signatures and proof documents before you submit it. A MISSING SIGNATURE COULD DELAY YOUR FIRST PAYMENT.

1. Did you sign and date the application in Section 5?

2. If you were married when you started receiving benefits, did that spouse sign Section 3, and was the signature notarized?

3. If you want to change your federal tax withholding, did you elect only one option in Section 4and is the election complete?