

PRIVACY ACT NOTICE

The Privacy Act of 1974, *as amended*, 5 U.S.C. § 552a requires PBGC to give you this notice when collecting information from you. PBGC uses the information we collect to determine whether you are entitled to a benefit payment from a retirement plan that has terminated, and if so, to calculate the amount due to you, and to make appropriate benefit payments. The information collected here, including your name, Social Security Number, date of birth, and/or other necessary personally identifiable information (PII), 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 name, Social Security Number, date of birth, and/or other necessary PII, may delay or prevent PBGC from calculating and paying your benefits.

PBGC may release information about you to other individuals and entities when necessary and appropriate under 5 U.S.C. § 552a(b) of the Privacy Act, including: to third parties to make benefit payments to you; to a company that was responsible for your 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; to comply with Federal laws requiring disclosure of the information contained in our records; to facilitate statistical research, audit or investigative matters; to appropriate agencies for the collection of debt; 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 federal, state, local or tribal 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. This information may also be disclosed for any of the PBGC general routine uses as published in the Federal Register.

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 online at PBGC.gov/privacy or by calling PBGC's Customer Contact Center, 1-800-400-7242. If you are deaf, hard of hearing, or have a speech disability, please dial 7-1-1 to access telecommunications relay services. 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.



Change of Home Address

PBGC Form COA

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

Instructions: Use this form to inform PBGC of a change to home mailing address. For assistance, call 1-800-400-7242.
 If you are deaf, hard of hearing, or have a speech disability, please dial 7-1-1 to access telecommunications relay services.

General Information About You

1. Last Name	2. First Name
3. Middle Name	4. Other Last Name(s) Used

5. Social Security Number OR Customer ID Number

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6. Primary Phone	7. Phone Type
([][][][]) [][][][][][][][][] - [][][][][]	<input type="checkbox"/> Home <input type="checkbox"/> Mobile

8. Secondary Phone	9. Phone Type
([][][][]) [][][][][][][][][] - [][][][][]	<input type="checkbox"/> Home <input type="checkbox"/> Mobile

10. Email Address (optional)

11. New Home Address

Mailing Address		Apartment/Route Number	
City	State	Zip Code	Country

12. Signature - Sign and date this form. 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.

Signature

Date