

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.

PAPERWORK REDUCTION ACT NOTICE

The Paperwork Reduction Act of 1995, 44 U.S.C. § 3501, et seq., requires PBGC to give you this notice when collecting information from you. PBGC uses the information we collect, including name, Social Security Number, date of birth, and/or other specific personally identifiable information (PII) necessary, 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. 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 determining if you are entitled to a benefit payment, calculating the amount due, and paying the benefit due to you, if so entitled. Certain information provided to PBGC may be disclosable under the Freedom of Information Act, as amended, 5 U.S.C. § 552, and the Privacy Act of 1974, as amended, 5 U.S.C. § 552a.

PBGC estimates that the average burden of complying with the information collection request is 21 minutes (which includes 60 minutes for benefit application forms; 30 minutes forms 701, 700RN, 700RSC, 704, and 715; and 6 minutes for the remaining forms), and an average of \$3.50 where notary services are required to complete a form or application. These are estimates; the actual time and cost will vary depending on the circumstances and type of form or application being made. If you have any comments concerning the accuracy of this estimate or suggestions for improving this information collection, please send your comments to Pension Benefit Guaranty Corporation, Office of the General Counsel, Regulatory Affairs Division, 445 12th Street, SW Washington, DC 20024-2101. This collection of information has been approved by the Office of Management and Budget (OMB) under control number 1212-0055 (expires 08/31/2024). 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.



Change of Beneficiary for Certain & Continuous (C&C) Benefits Only

(Currently Receiving Pension Benefits)

PBGC Form 711

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.

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

INSTRUCTIONS:

Print clearly with blue or black ink. You must complete all sections of this form. Use this form to change your beneficiary if you are receiving a Certain & Continuous annuity. If you die before the certain period ends, any remaining payments will go to the person(s) or entity(ies) (such as a trust, church, estate or other organization) that you designate in section 2. The beneficiary designation(s) you provide on this form will replace all previous designations you submitted. If you were married when you began receiving your benefits, the spouse you were married to at that time must consent to your change of beneficiary.

Section 1: General Information about you**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
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M	M	/	D	D	/	Y	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

CONTINUE

13. Marital Status

Were you married when you started receiving benefits (Annuity Starting Date)?
 YES NO

Is your spouse living?
 YES NO

Enter spouse information as of your annuity starting date.

Spouse Last Name

Spouse First Name

Spouse Middle Name

Other Last Name(s) used

Spouse Social Security Number

1	2	3	-	5	5	-	6	7	8	9
---	---	---	---	---	---	---	---	---	---	---

Spouse Date of Birth MM/DD/YYYY

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Section 2: Designation of Beneficiary for Certain and Continuous Annuity

Designate your beneficiary below. This designation replaces any previous designation and is effective only when PBGC receives it. The beneficiary identified below will receive benefits that continue after your death and any additional money owed to you at your death. You may name more than one beneficiary. State the percentage you want each one to receive, and make sure the percentages total 100%. If you do not state percentages that total 100%, the amount owed will be distributed equally among all beneficiaries.

To name more than four beneficiaries, list the additional beneficiary's names, dates of birth, relationship to you, Social Security numbers, contact information, and percentages on a separate sheet of paper, with your name and customer ID. Sign and date the sheet and attach it to this form.

Check here if additional sheet is attached.

If a beneficiary dies before you, the amount owed will be distributed equally among the living beneficiaries.

If all beneficiaries die before you, PBGC will pay the amount we owe in this order to: your spouse, your children, your parents, your estate, or your next of kin.

<input type="checkbox"/> Spouse (Identified in Block 13)	_____ %	Total of percentages may not exceed 100% for all beneficiary entries
<input type="checkbox"/> Beneficiary (1)	_____ %	
<input type="checkbox"/> Beneficiary (2)	_____ %	
<input type="checkbox"/> Beneficiary (3)	_____ %	
<input type="checkbox"/> Beneficiary (4)	_____ %	

Beneficiary (1)		
Beneficiary Last Name	Beneficiary First Name	
Beneficiary Middle Name	Other Last Name(s) used	
Beneficiary relationship to you		
Beneficiary Social Security Number	Beneficiary Date of Birth MM/DD/YYYY	
1 2 3 - 5 5 - 6 7 8 9	M M / D D / Y Y Y Y	
Beneficiary Mailing Address	Apartment / Route Number	
City	State	Zip Code
Country		
Beneficiary Primary Phone	Beneficiary Secondary Phone	
(5 5 5) 3 4 5 - 6 7 8 9	(5 5 5) 3 4 5 - 6 7 8 9	

Beneficiary (2)		
Beneficiary Last Name	Beneficiary First Name	
Beneficiary Middle Name	Other Last Name(s) used	
Beneficiary Social Security Number	Beneficiary Date of Birth MM/DD/YYYY	
1 2 3 - 5 5 - 6 7 8 9	M M / D D / Y Y Y Y	
Beneficiary Mailing Address	Apartment / Route Number	
City	State	Zip Code
Country		
Beneficiary Primary Phone	Beneficiary Secondary Phone	
(5 5 5) 3 4 5 - 6 7 8 9	(5 5 5) 3 4 5 - 6 7 8 9	

Beneficiary (3)	
Beneficiary Last Name	Beneficiary First Name
Beneficiary Middle Name	Other Last Name(s) used
Beneficiary relationship to you	

Beneficiary Social Security Number				Beneficiary Date of Birth MM/DD/YYYY																					
1	2	3	-	5	5	-	6	7	8	9	M	M	/	D	D	/	Y	Y	Y	Y					
Beneficiary Mailing Address				Apartment / Route Number																					
City				State				Zip Code																	
Country																									
Beneficiary Primary Phone				Beneficiary Secondary Phone																					
(5	5	5)	3	4	5	-	6	7	8	9	(5	5	5)	3	4	5	-	6	7	8	9

Beneficiary (4)																				
Beneficiary Last Name	Beneficiary First Name																			
Beneficiary Middle Name	Other Last Name(s) used																			
Beneficiary relationship to you																				
Beneficiary Social Security Number																				
MM/DD/YYYY																				
1	2	3	-	5	5	-	6	7	8	9	M	M	/	D	D	/	Y	Y	Y	Y
Beneficiary Mailing Address																				
Apartment / Route Number																				
City																				
State																				
Zip Code																				
Country																				
Beneficiary Primary Phone																				
Beneficiary Secondary Phone																				
(5 5 5) 3 4 5 - 6 7 8 9																				
(5 5 5) 3 4 5 - 6 7 8 9																				

Section 3: Spousal Consent to Beneficiary of Certain and Continuous Annuity

This section does not need to be completed by your spouse if:

- you were not married when you started receiving benefits,
- the spouse you were married to when you started receiving benefits is deceased; or
- you are designating the spouse you were married to when you started receiving benefits, as the beneficiary of 100% of the Certain and Continuous Annuity.

Your spouse’s signature for the consent must be notarized by a notary public.

If your spouse does not consent, your current beneficiary designation will remain unchanged.

To be completed by spouse:

By signing below, I consent to my spouse’s election of the beneficiary designated in Section 2. My consent is voluntary. I have read and I understand the information provided with this application.

I understand all the following:

- I have a right **not** to consent to my spouse’s beneficiary designation.
- If I do **not** consent, my spouse’s beneficiary designation for the Certain and Continuous Annuity will not change.
- If I **do** consent to my spouse’s election, survivor benefits, if any, will be paid according to the beneficiary designation elected by my spouse in Section 2. As a result, if my spouse dies before me, I may not be entitled to any survivor benefits.
- If I consent to this beneficiary designation, my spouse can NOT make future changes to the beneficiary without my consent.

SPOUSE’S SIGNATURE (MUST BE NOTARIZED)

DATE

To be completed by Notary Public:

On this _____ day of _____ Month, _____ Year, I acknowledge that this Spousal Consent to this designation of beneficiary was signed by _____, who appeared personally before me, or whose identity or signature is personally known to me, or who has proved to me on the basis of satisfactory evidence that he/she is the authorized signer of this form.

DATE MY COMMISSION EXPIRES

NOTARY PUBLIC NAME

CITY / COUNTY

STATE

Section 4: 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