



General Information Form

PBGC Form 702

Approved OMB 1212-0055

Expires 04/30/06

Pension Benefit Guaranty Corporation.
P.O. Box 151750 • Alexandria, VA 22315-1750

For assistance, call 1-800-400-7242

PRIVACY ACT NOTICE

The Privacy Act of 1974, as amended, 5 U.S.C. § 552a (1994), 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 Contact Center by calling 1-800-400-7242. For TTY/TDD users, call the federal relay service toll free at 1-800-877-8339 and ask to be connected to 1-800-400-7242. 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 (1994).

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 04/30/2006). 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 16 minutes, and that the average burden of complying with the information collection request in the PBGC's application package is about 34 minutes. Comments concerning the accuracy of this estimate or suggestions for further reducing this burden may be sent to Pension Benefit Guaranty Corporation, Office of the General Counsel, 1200 K Street, NW, Washington, DC 20005-4026.



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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 so PBGC can determine your right to a pension benefit. Use dark ink and be sure to print clearly. Note those items marked "Proof Required." You must enclose a copy of the appropriate document if you have not already sent it to us. Acceptable documents for proof of age include your birth or baptism certificate, or U.S. Passport; for marriage, a marriage certificate; for proof of death is a death certificate. This is not a benefit application. To begin receiving benefits, or for other information, call our Customer Contact Center at 1-800-400-7242.

1. General information about you

Last Name				First Name			
Middle Name				Other Name(s) Used			
Social Security Number			Date of Birth (proof required)			Gender	
[][]-[][]-[][][][]			[][]/[][]/[][][][]			MALE <input type="checkbox"/>	
						FEMALE <input type="checkbox"/>	
Mailing Address					Apartment / Route Number		
City					State	Zip Code	
Country					Email (optional)		
Daytime Phone				EXTENSION	Evening Phone		
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General Information Form

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Plan Number:

Participant Name / SSN:

Your relationship to person who participated in the plan:		MARK ONLY ONE																																								
A. Self – The benefits are from my pension plan	<input type="checkbox"/>																																									
B. Beneficiary - The benefits are from the pension plan of someone who is deceased.	<input type="checkbox"/>																																									
My relationship to the participant:	<input type="checkbox"/> Spouse (PROOF REQUIRED) <input type="checkbox"/> Other:																																									
Name of Participant:																																										
Date of participant's death:	<table border="1" style="border-collapse: collapse; width: 100%; text-align: center;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> <tr> <td colspan="10">/</td> <td colspan="10">/</td> </tr> </table>																					/										/										(PROOF REQUIRED)
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C. Alternate payee - I have a Qualified Domestic Relations Order (QDRO) that establishes my right to receive some or all of a participant's benefits from a pension plan.	<input type="checkbox"/>																																									
Name of Participant:																																										
Date of QDRO:	<table border="1" style="border-collapse: collapse; width: 100%; text-align: center;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> <tr> <td colspan="10">/</td> <td colspan="10">/</td> </tr> </table>																						/										/									
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D. Other. Please explain:	<input type="checkbox"/>																																									

2. Participant Information – Complete this section only if you checked “Self” in section 1.

Are you currently employed? If yes, please provide information below:	No <input type="checkbox"/>																																																													
	Yes <input type="checkbox"/>																																																													
Employer Name:	City and State																																																													
Were you married when the plan terminated?	No <input type="checkbox"/>																																																													
	Yes <input type="checkbox"/>																																																													
Spouse's Last Name	Spouse's First Name																																																													
Spouse's Middle Name	Other Name(s) Used																																																													
Spouse's Social Security Number	Spouse's Date of Birth (proof required)	Date of Marriage (proof required)																																																												
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Is there a Qualified Domestic Relations Order (QDRO) requiring payment of some or all of your benefit to someone else?	No <input type="checkbox"/>																																																													
	Yes <input type="checkbox"/>																																																													
Date of the QDRO:	<table border="1" style="border-collapse: collapse; width: 100%; text-align: center;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> <tr> <td colspan="5">/</td> <td colspan="5">/</td> </tr> </table>											/					/																																													
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Name of alternate payee:																																																														

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Plan Number:

Participant Name / SSN:

3. Signature – You must sign and date this document. Knowingly and willfully making false, fictitious or fraudulent statements to the Pension Benefit Guaranty Corporation is a crime punishable under Title 18, Section 1001, and United States Code.

I declare under penalty of perjury that all of the information I have provided on this form is true and correct.

SIGNATURE

DATE

4. Designation of Beneficiary – If there are payments owed to you at the time of your death, PBGC will pay them to the person(s) you designate below. If you do not designate anyone, or if the beneficiary you name dies before you, PBGC will pay the underpayment in this order: your spouse, your children, your parents, your estate, and your next of kin.

Beneficiary – I name the following person as my beneficiary for amounts owed to me at my death. This replaces any previous designation and will only be effective when PBGC receives it.

Last Name				First Name																			
Middle Name				Other Name(s) Used																			
Social Security Number			Date of Birth			Gender																	
[]	[]	[]	[]	[]	[]	MALE	<input type="checkbox"/>																
[]	[]	[]	[]	[]	[]	FEMALE	<input type="checkbox"/>																
Mailing Address					Apartment / Route Number																		
City					State	Zip Code																	
Country					Email (optional)																		
Daytime Phone				EXTENSION	Evening Phone																		
([]	[]	[])	[]	-	[]	[]	[]	x	[]	[]	[]	([]	[]	[])	[]	-	[]	[]	[]
Relationship to me, if any (e.g., spouse or granddaughter, friend)																							

If you want to change this designation, please contact PBGC's Customer Contact Center at 1-800-400-7242.

THANK YOU.