



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

Account Information

Case Number: 24782500

Plan Name: ST. JOSEPH HEALTH SERVICES OF
RHODE ISLAND RETIREMENT PLAN

100

June 30, 2025

24279802-9169315

Dear [REDACTED]:

The Pension Benefit Guaranty Corporation (PBGC), a U.S. Government agency, is now responsible for your pension plan. PBGC insures private pension plans like yours and protects the benefits of workers and retirees covered by those plans. If a plan ends after a sponsoring employer has failed to put in enough money to pay all promised benefits, PBGC steps in to pay benefits, up to the limits set by Congress.

To learn more about the PBGC, please visit our Welcome page on the PBGC website, www.pbgc.gov/welcome. There you'll find links to frequently asked questions, information on how to receive your payment electronically, and the **2024** monthly guarantee limits that apply to your plan.

Change in Paying Agent

Beginning **August 1, 2025**, State Street Corporation, PBGC's paying agent, will issue your pension payments. If you use direct deposit, State Street will deposit your pension payments into your account. We will withhold federal income tax from your payments at your current rate. However, PBGC does not withhold state and local taxes, medical and life insurance premiums and other non-federal deductions. If you have any of these deductions, you will need to make other arrangements to pay them.

What we need from you

For PBGC to be able to continue your payments, we need you to verify some information. You can do this by completing either one of the options below. You must verify your information using Option 1 or Option 2 below within 30 days of the date of this letter or your benefit payments will be suspended.

- Option 1: You can verify your information by answering a series of questions using our online service, My Pension Benefit Access (MyPBA). To access your online MyPBA account, you will first need to complete an identity verification process through the Federal Government's [Login.gov](https://www.login.gov) service. (See **Set Up Online Access with MyPBA**, below.) Once you have completed the Login.gov process you can proceed to your MyPBA account to verify your information. To start this process, please go to www.pbgc.gov/mypba and click on the blue MyPBA Login button. Upon accessing your



MyPBA account for the first time, you will be presented a series of questions. Once these questions have been answered, you have completed your verification. There is no online form that needs to be completed; the Form 701 mentioned in Option 2 below is solely for participants who would like to fill out the paper form and return it by mail. If you are having trouble with the Login.gov identity verification process, we recommend verifying your information via Option 2 below as soon as possible.

OR

- Option 2: Alternatively, you may complete the enclosed Form 701 - Payee Information Form and return it to us in the postage-paid envelope provided.

Set Up Online Access with MyPBA

To start this process, please go to www.pbgc.gov/mypba and click on the blue MyPBA Login button to get started. You will need to complete an identity verification process through Login.gov. To complete the identity verification with Login.gov, you will need: 1) a valid email address; 2) a phone number (mobile preferred); and 3) a current US-issued ID (driver's license or state-issued ID card). We recommend using an internet-enabled mobile phone with a camera to set up your MyPBA account. For more help on setting up your account view the FAQs on our MyPBA webpage.

With MyPBA, you can:

- Update your contact information
- Change your federal tax withholding
- Verify your PBGC income

Any requests you submit via MyPBA or via our Customer Contact Center will take effect starting with your first payment from PBGC.

Tax Withholding Information (Domestic Customers)

Because you are a new payee with PBGC, we are giving you the opportunity to change your withholding for federal income tax. For customers residing in the United States, to change your withholding, please submit the enclosed IRS Form W-4P.

By submitting this form, you can ensure that PBGC withholds the correct amount from your pension payments.

However, you are not required to submit the new form. If you do not submit the new form, we will withhold an amount that meets the new IRS withholding guidelines. That amount may be less or more than your actual tax liability and may not be the same as what was withheld by your prior paying agent.

If you choose to submit IRS Form W-4P, send the completed form to PBGC in the enclosed postage-paid envelope. Please follow the instructions carefully and make sure you sign and date the form. PBGC cannot process your form if it is incomplete.

If you have questions about IRS Form W-4P, please contact the IRS or consult your tax advisor. PBGC cannot provide tax advice or help you fill out the form.



As a reminder, PBGC withholds only federal income tax. We do not withhold state or local taxes.

Tax Information (Customers Residing Outside the United States)

For all persons with non-U.S. addresses, including residents of U.S. territories (i.e. Puerto Rico, Northern Mariana Islands, Guam, U.S. Virgin Islands, and American Samoa), the IRS requires to provide additional tax-withholding information.

You must submit to PBGC the IRS forms that correspond to your citizenship status:

- U.S. citizens with a valid Social Security number or Taxpayer Identification Number must submit IRS Form W-9 and IRS Form W-4P. U.S. citizens may request 0% withholding.
- Non-U.S. citizens who do not reside in the U.S. must submit IRS Form W-8BEN. This form is valid for three years and must be resubmitted every three years. Non-U.S. citizens with an address in a country with a tax treaty with the U.S. may request 15% or 0% withholding, depending on the rate specified in the treaty. Non-U.S. citizens with an address in a country with no tax treaty with the U.S. will be subject to 30% withholding.

If PBGC does not have the proper IRS form on file, we will withhold 30% from your payments.

Once you submit the correct forms, we will withhold taxes according to your request, in accordance with the applicable treaty for your country of residence and citizenship status.

Note: PBGC cannot refund withheld taxes, which are levied by the IRS.

More information can be found on the IRS website www.irs.gov/forms-pubs/about-publication-515 or in PBGC's website www.pbgc.gov/wr/transactions/adjust-withholding.

Who is not eligible to access MyPBA

Customers who don't have a US-issued ID (driver's license or state-issued ID card) are not eligible to create an online account through MyPBA. In addition, anyone who is not a retiree, for example a Guardian or holder of a Power of Attorney, is not eligible to create an online account. Please contact PBGC Customer Service Center with any questions or requests you have.

How PBGC processes your plan

PBGC pays benefits up to limits set by Congress. We will review your plan's records to determine the benefit amount we can pay you. During our review, you will continue to receive your pension payments without interruption. Until we complete our review, the pension payments you receive are estimated payments. When our review is complete, we will send you a formal determination of your benefit. If your pension payment amount exceeds the legal limits set by Congress, we will have to reduce your payment amount. We will also tell you what rights you have to appeal your benefit determination.

Questions



If you have questions or need assistance, please call us at 1 800-400-7242, or you may write to us at the address on this letter. Please include your Social Security number, PBGC case number, **24782500**, and a daytime telephone number, and an email address on all of your correspondence. If you are deaf, hard of hearing, or have a speech disability, please dial 7-1-1 to access telecommunications relay services. If you are calling from outside the United States and are unable to reach the number above, you may dial 1 (202) 326-4000 and press "0" for a Customer Service Representative.

Please keep this letter in your records for future reference.

Sincerely,

PBGC Customer Service Representative
Office of Benefits Administration

Enclosure(s)

Privacy Act Notice
Form 701 - Payee Information Form
IRS Tax Withholding Form W-4P
Enclosure for additional languages (Manual Insert)
Postage Paid Reply Envelope #9



Withholding Certificate for Periodic Pension or Annuity Payments

OMB No. 1545-0074

2025

Give Form W-4P to the payer of your pension or annuity payments.

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

Step 2: Income From a Job and/or Multiple Pensions/ Annuities (Including a Spouse's Job/ Pension/ Annuity)	Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. See page 2 for examples on how to complete Step 2. Do only one of the following. (a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or (b) Complete the items below. (i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-" \$ _____ (ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this pension/annuity, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-" \$ _____ (iii) Add the amounts from items (i) and (ii) and enter the total here \$ _____
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TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3-4(b) on this form only if (b)(i) is blank and this pension/annuity pays the most annually. Otherwise, do not complete Steps 3-4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add other credits, such as foreign tax credit and education tax credits \$ _____ Add the amounts for qualifying children, other dependents, and other credits and enter the total here \$ _____	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends \$ _____ (b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here \$ _____ (c) Extra withholding. Enter any additional tax you want withheld from each payment \$ _____	4(a) 4(b) 4(c)	\$ \$ \$

Step 5: Sign Here	Your signature (This form is not valid unless you sign it.) _____ Date _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax;
3. Receive these payments or pension and annuity payments for only part of the year; or
4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

TIP: Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Taylor, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Taylor also has a job that pays \$25,000 a year. Taylor has no other pensions or annuities. Taylor will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Taylor also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), then they will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). They will make no entries in Step 4(a) on this Form W-4P.

Example 2. Casey, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Casey does not have a job, but receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Casey will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Casey also has \$1,000 of interest income, then they will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Sam, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Sam does not have a job, but receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Sam will not enter any amounts in Step 2.

If Sam also has \$1,000 of interest income, they won't enter that amount on this Form W-4P because they entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Alex, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Alex also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Alex will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Alex also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), they will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). They will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for only the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible

Specific Instructions (continued)

In this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than

the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from each payment. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1 Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income 1 \$ _____
- 2 Enter:

• \$30,000 if you're married filing jointly or a qualifying surviving spouse	}	2 \$ _____
• \$22,500 if you're head of household		
• \$15,000 if you're single or married filing separately		

- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$ _____
- 4 If line 3 equals zero, and you (or your spouse) are 65 or older, enter:
 - \$2,000 if you're single or head of household.
 - \$1,600 if you're married filing separately
 - \$1,600 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65.
 - \$3,200 if you're married filing jointly and both of you are age 65 or older.
 Otherwise, enter "-0-". See Pub. 505 for more information 4 \$ _____
- 5 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information 5 \$ _____
- 6 Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P 6 \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

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 <https://www.pbgc.gov/about/policies/pg/privacy-at-pbgc/system-of-records-notice> (PBGC-6) or by calling PBGC's Customer Contact Center, 1-800-400-7242. If you are deaf or 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.



Payee Information Form

PBGC Form 701

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

For assistance, call 1-800-400-7242

Plan Name: ST. JOSEPH HEALTH SERVICES OF RHODE ISLAND RETIREMENT PLAN
Plan Number: 24782500
Date Printed: June 30, 2025
Date of Plan Termination: November 30, 2024
Participant Name: [REDACTED]

INSTRUCTIONS: You must complete this form to continue receiving pension payments. If you have questions, call our Customer Contact Center at 1-800-400-7242. **Print clearly with blue or black ink.**

1. General information about you

Last Name		First Name	
Middle Name	Other Last Name(s) Used		
Social Security Number		Date of Birth	Sex
[][] - [][] - [][][][]		[][] / [][] / [][][][]	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
Mailing Address		Apartment / Route Number	
City		State	Zip Code
Country		Email	
Daytime Phone		EXTENSION	Evening Phone
([][][]) [][][] - [][][][]		x [][][]	([][][]) [][][] - [][][][]
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"/>
Participant's name:		Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Other	
Participant's Social Security Number		Participant's Date of Birth	Participant's Date of Death
[][] - [][] - [][][][]		[][] / [][] / [][][][]	[][] / [][] / [][][][]
C. Alternate payee – The benefits are from someone else's pension plan but were assigned to me based on a court order.			<input type="checkbox"/>
Name of Participant:			
Date of order:		[][] / [][] / [][][][]	
D. Other. Please explain:			<input type="checkbox"/>

CONTINUE ON BACK ➡

Payee Information Form

Plan Number 24782500

Participant Name [REDACTED]

Form 701, page 2 of 3

2a. Participant Information – Complete this section only if you checked “Self” in section 1. Otherwise, go to Section 3.

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 you retired? If yes, please provide the information below about your spouse at retirement.		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	Date of Marriage
[][] - [][] - [][][][]	[][] / [][] / [][][][]	[][] / [][] / [][][][]
Spouse's Date of Death, if applicable (PROOF REQUIRED)		[][] / [][] / [][][][]
Spouse's Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		

2b. Court order related to the participant's benefit

Is there a court order (for example - domestic relations order, divorce decree, child support order, etc.) that requires some or all of your benefit be paid to a spouse, former spouse, child, or other dependent?	No <input type="checkbox"/>
	Yes <input type="checkbox"/>
Date of the order:	[][] / [][] / [][][][]
Name of alternate payee:	

- 3. Designation of Beneficiary for Payments Owed at Death** – PBGC may owe you money at the time of your death. Typically, this happens if your final benefit is higher than the estimated benefit we have been paying. If another person continues to receive your benefit after your death (**as with a joint-and-survivor or certain-and-continuous annuity**), we will pay the money owed to that person. If there are no continuing benefits or the person designated to receive continuing payments dies before you, PBGC will make any payments owed to you at the time of your death to the person(s) and/or entity(ies) (such as a trust, church, estate or other organization) that you designate in this section. If you do not make a designation, or if all the beneficiaries you designate below die before you, PBGC will pay the money in this order to: your spouse, your children, your parents, your estate, or your next of kin.

I name the following as my beneficiary(ies). This designation replaces any previous designation and will only be effective when PBGC receives it.

CONTINUE ➡

Payee Information Form

Plan Number: 24782500

Participant Name XXXXXXXXXX

Form 701, page 3 of 3

Designation of Beneficiary (continued)

Beneficiary(ies)*	Social Security Number**	Date of Birth**	Relationship	Percentage***
Name _____ Address _____ Daytime Tel. No: _____				
Name _____ Address _____ Daytime Tel. No: _____				
Name _____ Address _____ Daytime Tel. No: _____				

*To name more beneficiaries, please list them with requested contact info, DOB and SSN on an attached sheet with your signature

**Complete if person.

*** Percentage(s) does not have to be provided.

The amount owed will be distributed equally among beneficiaries unless percentages are provided for each beneficiary and they total 100%.
If a beneficiary dies before you, the amount owed will be distributed equally among the remaining beneficiaries.

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 of the information I have provided on this form is true and correct.

SIGNATURE_____
DATE

Tips Before Submitting Your W-4P Form

Before submitting your W-4P, please ensure the following required information is complete:

- Step 1a. Your full name
- Step 1a. Your mailing address
- Step 1b. Your Social Security Number
- Step 1c. You have selected a withholding option
- Step 5. The form is signed and dated

The omission of any of the above items results in an incomplete W-4P that cannot be processed.

* Steps 2, 3 and 4 are optional

Additional Withholding Instructions:

- If you would like additional withholding, enter the desired amount on **line 4c**.
- If you prefer **no withholding**, please write "No Withholding" on the line directly below **line 4c**.