



Participant Application for Pension Benefits

PBGC Form 700

Pension Benefit Guaranty Corporation

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.

Participant Name: Laura N. Martinez
Plan Number: 890123
Date Printed:
Date of Plan Termination:

Please print clearly with blue or black ink. You must complete all sections of this form.

Section 1: General Information About You

1. Last Name ~~GALEA~~ MARTINE2. First Name LAURA

3. Middle Name

4. Other Last Name(s) used

5. Social Security Number

890-12-34566. Date of Birth PROOF REQUIRED
MM/DD/YYYY03/09/1970

7. Gender

☐ MALE☒ FEMALE8. Mailing Address 222 Redwood Dr

Apartment / Route Number

City MiamiState FLZip Code 33101Country USA

9. Primary Phone

(456) 120-9872

10. Phone Type

☐ Home☐ Mobile

11. Secondary Phone

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12. Phone Type

☐ Home☐ Mobile13. Marital Status Married

Are you currently married?

☒ YES☐ NO

Enter spouse information as of the date you are completing this application.

Spouse Last Name MartineSpouse First Name CARLOS

Spouse Middle Name

Other Last Name(s) used

Spouse Social Security Number	Spouse Date of Birth MM/DD/YYYY PROOF REQUIRED
4 3 2 - 1 0 - 9 8 7 6	0 5 / 1 8 / 1 9 6 8

Date of Marriage MM/DD/YYYY PROOF REQUIRED	0 7 / 0 7 / 1 9 9 5
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14. 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 your benefit to be paid to spouse, former spouse, child or other dependent (called alternate payee)?

☐ YES ☐ NO

If YES complete the following. If additional space is needed attach a separate sheet.

☐ Check here if an additional sheet is attached.

Date of Court Order MM/DD/YYYY	0 1 / 2 0 / 2 0 2 3
Name of alternate payee	
Relationship to you	

Section 2: Retirement Benefit Choices

15. Annuity Starting Date Enter the Annuity Starting Date from your Retirement Benefit Estimate. This is the date you would like your payments to begin. If you would like a different Annuity Starting Date, request a new Retirement Benefit Estimate.	Month	Year
	0 1 / 2 0 2 3	

16. Working Retirement Restrictions If the Annuity Starting Date you entered in Block 15 is on or after June 1, 2021, skip Block 16. If the Annuity Starting Date you entered in Block 15 is before June 1, 2021, were you employed on that date? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, complete the following.	
Employer Name	
City	State
If you were employed by the company that sponsored your pension plan on the Annuity Starting Date, contact PBGC to confirm your eligibility before submitting this application.	