



Power of Attorney

PBGC Form 715

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.

Who can use this form?

If you are a participant or the beneficiary of a deceased participant, you may use the Power of Attorney form to name someone to represent you on matters relating to your benefits. Other people may also file a PBGC Power of Attorney. An alternate payee under a qualified domestic relations order (“QDRO”) may designate a representative using this form.

What if I am a legally recognized representative, such as a parent or a judicially appointed guardian, conservator, or executor of a person who can sign this form?

If you are a legally recognized representative (a custodial relative or guardian, conservator, or executor) of a participant, beneficiary, or alternate payee, you may use the Power of Attorney Form to name a person(s) to represent you before the PBGC on some or all matters relating to the receipt of pension benefits. Please call PBGC’s Contact Center at 1-800-400-7242 for special instructions for completing this form.

Do I have to use this form?

No. If you do not use this form, you should be careful to include all of the information required by this form.

What can I use this form for?

The representative you name on the Power of Attorney form may do all the actions listed in Section A, unless you check Section B and allow only certain actions.

How do I file the Power of Attorney?

File the power of attorney by mailing the original form to PBGC, P.O. Box 151750, Alexandria, VA 22315. If you are dealing with any particular person within the PBGC, you may also want to

provide a copy of the Power of Attorney to that person.

What if I am a participant in more than one PBGC pension plan?

Usually, you only need to file one form. Be sure to list all of the plans and their case numbers on page 2. You can get the plan names and case numbers from our letters to you.

What if I already have a Power of Attorney on file with PBGC?

The filing of this Power of Attorney does not alter any earlier Power(s) of Attorney filed with PBGC for the matters covered by this Form. Once you have granted a Power of Attorney it will remain in effect unless you revoke it in writing. If you grant a Power of Attorney for a particular matter to more than one person, any of those persons may exercise his or her Power of Attorney on that matter.

Can I limit my representative’s powers?

Yes. Mark in item B on the first page only the powers you want to grant.

Does my representative need to sign this form?

Yes. Your representative must sign and date the form on page 2 to accept your designation. PBGC will return a Power of Attorney form unless both you and your representative have signed and dated it.



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INSTRUCTIONS: Complete this form to name someone to represent you on matters relating to your benefits. Other people may also file a PBGC Power of Attorney. An alternate payee under a qualified domestic relations order (“QDRO”) may designate a representative using this form.

1. I name the following person as my representative to the Pension Benefit Guaranty Corporation (PBGC):

Representative’s Name

2. Types of actions: I want this representative to (please check A or B):

A. Take all actions for me that PBGC allows. This includes:

- applying for my benefit
- change my beneficiary
- representing me in any request for information forms
- responding to PBGC’s request for information or documents
- changing the address or bank to which I want my PBGC payments sent
- representing me before the PBGC’s Appeals Board
- changing my tax withholding

I understand that my representative cannot:

- sign a form for me that PBGC requires me to sign in the presence of a notary, such as a spouse’s consent to waive a joint and survivor annuity
- have my check made out to him or her, or have it deposited to an account that does not have my name on it
- endorse or cash my PBGC check

OR

B. Take only the following actions for me (I checked all items that I want to apply):

- apply for my benefit
- represent me in any request for information or forms
- respond to PBGC’s request for information or documents
- change the address or bank to which PBGC sends my payments
- represent me before the PBGC’S Appeals Board
- change my tax withholding

Continued operation: I want this representative to continue to have the powers described above even if I become disabled or incapacitated, and am unable to deal with these matters myself:	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

MY SIGNATURE	DATE SIGNED
(You can change or cancel this power of attorney anytime by notifying PBGC in writing of the changes you want.)	

My printed name		
My Address		Apartment / Route Number
City	State	Zip Code
	[][]	[][][][] - [][][][]
Country		My Social Security Number
		[][][] - [][][] - [][][][][]
My Daytime Phone		My Evening Phone
([][][]) [][][] - [][][][] x [][][][]		([][][]) [][][] - [][][][]
My PBGC Plan Number	My Plan Name	
[][][][][][] 0 0		
I am a participant in a PBGC pension plan, a beneficiary of a deceased participant in a PBGC pension plan an alternate payee in a qualified domestic relations order, entitled to all or part of a participant's benefit the legally authorized representative of a participant, beneficiary, or alternate payee		
If you are a beneficiary, alternate payee, or legally authorized representative, please provide the name of the plan participant		

3. Acceptance of Power of Attorney.

I accept the power of attorney given on this form.	
_____	_____
REPRESENTATIVE'S SIGNATURE	DATE SIGNED

Representative's printed name		
Representative's Address		Apartment / Route Number
City	State	Zip Code
	[][]	[][][][] - [][][][]
Representative's Daytime Phone		Representative's Evening Phone
([][][]) [][][] - [][][][] x [][][][]		([][][]) [][][] - [][][][]

If you have questions or need assistance with this form, please call PBGC's Contact Center at 1-800-400-7242. Send this form to: PBGC; P.O. Box 151750; Alexandria, VA 22315-1750