



# Certification of Identity

**Privacy Act Statement.** In accordance with 28 CFR Section 16.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of Pension Benefit Guaranty Corporation systems of records are not wrongfully disclosed by the Department. Requests will not be processed if this information is not furnished. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

Full Name of Requester <sup>1</sup> \_\_\_\_\_ Date of Birth \_\_\_\_\_

Pension Plan Name \_\_\_\_\_ Customer Identification No.<sup>2</sup> \_\_\_\_\_  
(If applicable)

Current Address \_\_\_\_\_

### OPTIONAL: Authorization to Release Information to Another Person

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person. Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the Pension Benefit Guaranty Corporation to release any and all information relating to me to:

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### Print or Type Name

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

Signature <sup>3</sup> \_\_\_\_\_

Date \_\_\_\_\_

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<sup>1</sup> Name of individual who is the subject of the record(s) sought.

<sup>2</sup> You are asked to provide your customer identification number. If you do not have this information, please provide your plan name and additional personal identifying information only to facilitate the identification of records relating to you.

<sup>3</sup> Signature of individual who is the subject of the record(s) sought.

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