

Plan Number: «PrismCase.CaseldNbr»

Participant Name: «PrismCust.FullName»
Applicant Name / SSN:

Your relationship to person who participated in the plan:

MARK ONLY ONE

<p>A. Beneficiary - The benefits are from the pension plan of someone who is deceased.</p> <p>My relationship to the participant:</p> <p>Date of participant's death: (PROOF REQUIRED)</p>	<input type="checkbox"/>
<p>B. Alternate payee - I have a Qualified Domestic Relations Order (QDRO) that establishes</p> <p>Date of QDRO:</p>	<input type="checkbox"/>
<p>C. Other. Please explain:</p>	<input type="checkbox"/>

2. Signature – You must 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

3. Information on Federal tax withholding – Tax laws require that we withhold Federal income tax from your pension payments unless you instruct us to do otherwise. You have three choices. Please read them carefully and make your selection on the next page. You may choose:

- A) To have PBGC withhold no Federal income taxes from your payments (not available if you live outside of the United States).
- B) To have PBGC follow IRS guidance and calculate your withholding.

If you choose this option, you need to tell us if you're married and the number of allowances you claim. It is possible that we will not withhold any Federal income tax even if you choose this option – if, for example, your benefit is low or if you claim a large number of allowances. You may increase the amount we withhold by claiming fewer allowances, by having additional money withheld, or by electing option C, below.

- C) To have PBGC withhold the amount you tell us to withhold each month.

If you decide not to have PBGC withhold taxes or the amount that we withhold is too low, you may have to pay an estimated tax directly to the Internal Revenue Service. If the amount of your estimated tax or your withholding is too low, you may also have to pay the IRS penalties. You may wish to consult a tax specialist or the IRS about your decision.

CONTINUE 

4. Method of receiving benefit payments

How would you like to receive your payments?

MARK ONLY ONE

A. By Electronic Direct Deposit (EDD), to the account identified below, which must have your name on it.**B. By mail to my home address**, which is printed in section 1 of this form. You may choose this option if you cannot use EDD because of physical, mental, geographic, language, or literacy barriers; or if using EDD would cause you financial difficulties.**5. Financial institution information** – Please provide the information in this section to have your payment sent directly to a financial institution. The financial institution will receive and post credits and/or debits for you. You may cancel or change this arrangement by calling PBGC at 1-800-400-PBGC. The financial institution can cancel it by sending you a written notice.

The information below is available from your financial institution, or you may find it on your checks, account statement, or deposit slip. There are three numbers printed on the bottom of your check: the financial institution's routing number, your account number, and your check number. The routing number must be nine digits. The first two digits must be 01 through 12 or 21 through 32. Your account number can be up to 17 characters (both numbers and letters). Include hyphens but omit spaces and special symbols. Be sure not to use the check number. If you are unsure of the routing number or your account number, contact your financial institution.

Name of Financial Institution						Branch											
Mailing Address																	
City						State			Zip Code								
Name of Contact Person																	
Routing Number				Financial Institution Phone Number						Extension							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(<input type="text"/>	<input type="text"/>	<input type="text"/>)	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	x	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name(s) on the Account										Account Type							
Account Number										<input type="checkbox"/> Checking							
										<input type="checkbox"/> Savings							

PLEASE REVIEW THIS FORM FOR REQUIRED SIGNATURES BEFORE YOU SUBMIT IT.**A MISSING SIGNATURE COULD DELAY YOUR FIRST PAYMENT.**

THANK YOU