



Designation of Beneficiary

(Currently Receiving Pension Benefits)

PBGC Form 707
 Approved OMB 1212-0055
 Expires 08/31/08

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

For assistance, call 1-800-400-7242

Case Name: «PrismCase.CaseTitle»	Participant Name: «PrismCust.FullName»
Case Number: «PrismCase.CaseldNmbr»	Applicant Name / SSN:
Date Printed: 02/06/2021	
Date of Plan Termination: «PrismCase.DOPT»	

INSTRUCTIONS: Use this form to name or change your beneficiary. Be sure to print clearly and use dark ink. If you have any questions, please call our Customer Contact Center at 1-800-400-7242.

1. General information about you

Last Name		First Name																					
Middle Name		Other Name(s) Used																					
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Mailing Address		Apartment / Route Number																					
City		State	Zip Code																				
Country		Email (optional)																					
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2. Beneficiary Designation – Please indicate the type of designation you are making. If you want to designate different persons to receive the two types of payments, please use a separate form for each. If you want to designate the same person, check both boxes. If the beneficiary you name dies before you, PBGC will pay the amount we owe you in this order: your spouse, your children, your parents, your estate, and your next of kin.

<input type="checkbox"/>	Designation of Beneficiary for Annuity Benefits Payable after Death – Annuity benefits, other than joint-and-survivor benefits, that are payable to your beneficiary for periods after your death.
<input type="checkbox"/>	Designation of Beneficiary for Benefits Due at Death – This designation covers payments that PBGC may owe you at the time of your death such as back payments for benefit estimates that were too low. If your benefit continues after your death (as with a joint-and-survivor or certain-and-continuous annuity), the person named to receive those continuing benefits will receive any payments due to you at the time of your death. If not, PBGC will make any payments due to you at the time of your death to the person you name below. If you do not name anyone, or if the beneficiary you name dies before you, PBGC will pay the amount we owe you in this order: your spouse, your children, your parents, your estate and your next of kin.

CONTINUE

Designation of Beneficiary

Case : «PrismCase.CaseIdNmbr»

Participant Name: «PrismCust.FullName»

Applicant Name / SSN:

- 3. Beneficiary** – I name the following person as my beneficiary for the purpose checked in #2. This designation replaces any previous designation and will only be effective when PBGC receives it.

First Name		Last Name	
Middle Name		Other Name (Alias)	
Social Security Number		Date of Birth	
Gender		<input type="checkbox"/>	
Street Address		City	
State		Zip Code	
Country		Telephone Number	
Daytime Phone		EXTENSION	
Evening Phone		Relationship to me, if any (e.g., spouse, granddaughter, friend)	

- 4. Contingent beneficiary** – If the person I listed in section 3 dies before I do, I name the following person as my contingent beneficiary.

First Name		Last Name	
Middle Name		Other Name (Alias)	
Social Security Number		Date of Birth	
Gender		<input type="checkbox"/>	
Street Address		City	
State		Zip Code	
Country		Telephone Number	
Daytime Phone		EXTENSION	
Evening Phone		Relationship to me, if any (e.g., spouse, granddaughter, friend)	

- 5. Signature** – You must sign and date this form.

SIGNATURE

DATE

SIGN & DATE BEFORE SUBMITTING. THANK YOU.