



Designation of Beneficiary

(Not Currently Receiving Pension Benefits)

PBGC Form 708
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

Plan Name: «PrismCase.CaseTitle»
Plan Number: «PrismCase.CaseldNmbr»
Participant Name: «PrismCust.FullName»
Date Printed: 02/06/2021

INSTRUCTIONS: Use this form to designate your beneficiary. Please print clearly with dark ink. To begin receiving benefits, or for other information, 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	
Social Security Number			
Mailing Address		Apartment / Route Number	
City		State	Zip Code
Country		Email (optional)	
Daytime Phone		EXTENSION	Evening Phone

2. Designation of Beneficiary – If there are payments owed to you at the time of your death, PBGC will pay them to the person you designate below. If you do not name anyone, or if the beneficiary you name dies before you, PBGC will pay the underpayment in this order: your spouse, your children, your parents, your estate, and your next of kin.

Beneficiary information that you provide when you apply for your benefits will supercede the information on this form.

CONTINUE

Designation of Beneficiary

Plan Number: «PrismCase.CaseldNmbr»

Participant Name: «PrismCust.FullName»

Beneficiary – I name the following person as my beneficiary for amounts owed to me at my death. This replaces any previous designation and will only be effective when PBGC receives it.

Last Name				First Name			
Middle Name				Other Name(s) Used			
Social Security Number		Date of Birth		Gender		<input type="checkbox"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address				Apartment / Route Number			
City				State		Zip Code	
Country				Email (optional)			
Daytime Phone		EXTENSION		Evening Phone			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to me, if any (e.g., spouse or granddaughter, friend)							

3. **Signature** – You must sign and date this form.

SIGNATURE

DATE

SIGN & DATE BEFORE SUBMITTING. THANK YOU.