

## **General Information Form**

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.CaseIdNmbr» Date Printed: 02/06/2021 Date of Plan Termination: «PrismCase.DOPT»

**INSTRUCTIONS:** Please complete this form so PBGC can determine your right to a pension benefit. Use dark ink and be sure to print clearly. Note those items marked "Proof Required." You must enclose a copy of the appropriate document if you have not already sent it to us. Acceptable documents for proof of age include your birth or baptism certificate, or U.S. Passport; for marriage, a marriage certificate; for proof of death is a death certificate. This is <u>not</u> a benefit application. 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		
- Capiel Coourity Number 	Data of Dirth (proof required)	Condor	-
Mailing Address	Anartm	nent / Route Number	
City	State	Zin Code	
Country	Email (	(ontional)	
Dytime Dhen	EVTENSION EV	ening Dhong	



Plan Number: «PrismCase.CaseIdNmbr»

Participant Name / SSN: «PrismCust.FullName»

Your relationship to person who participated in the plan:	
A Calf The benefits are from my noncion also	
D. Developing. The basefits are from the manufacture of some one who is descended	
NA - valationalsis to the neutrinosate	
<b>C. Alternate payee</b> - I have a Qualified Domestic Relations Order (QDRO) that establishes	

**2. Participant Information** – Complete this section only if you checked "Self" in section 1.

Are you currently employed? If yes, please provide information below:				
	Yes			
Employer Name:				
Were you married when the plan terminated?				
	Yes			
Spouse's Last Name Spouse's First Name				
Spouse's Middle Name				
Spouse's Social Security Number Spouse's Date of Birth Date of Marriage				
Is there a Qualified Demostic Deletions Order (ODDO) requiring neument of some or all of				
Is there a Qualified Domestic Relations Order (QDRO) requiring payment of some or all of				

-



**3. Signature** – You must sign and date this document. Knowingly and willfully making false, fictitious or fraudulent statements to the Pension Benefit Guaranty Corporation is a crime punishable under Title 18, Section 1001, and 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

4. Designation of Beneficiary – If there are payments owed to you at the time of your death, PBGC will pay them to the person(s) you designate below. If you do not designate 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.

<b>Beneficiary</b> – 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	I	Eirst Name		
Middle Name	Other Name(s) Lised			
	-Data of Dirth			
Mailing Address	Anartme	ant / Route Number		
City	State	Zin Code		
Country	Email (o	ntional)		
Relationship to me, if any (e.g., spouse or granddaughter, friend)				

If you want to change this designation, please call PBGC's Customer Contact Center at 1-800-400-7242.

THANK YOU.