



General Information Form

PBGC Form 702
Approved OMB 1212-0055
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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»
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 not 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	
Social Security Number		Date of Birth (proof required)	
		Gender <input type="checkbox"/>	
Mailing Address		Apartment / Route Number	
City		State	Zip Code
Country		Email (optional)	
Daytime Phone		Evening Phone	
		EXTENSION	

CONTINUE

CONTINUE 

Plan Number: «PrismCase.CaseldNmbr»

Participant Name / SSN: «PrismCust.FullName»

- 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.

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)							

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

THANK YOU.