

CONTINUE 

2. Participant Information – Complete this section only if you checked “Self” in section 1. Otherwise, go to Section 3.

Are you currently employed? If yes, please provide information below:		No <input type="checkbox"/> Yes <input type="checkbox"/>																								
Employer Name:	City and State																									
Were you married when you retired? If yes, please provide the information below about your spouse at retirement.		No <input type="checkbox"/> Yes <input type="checkbox"/>																								
Spouse's Last Name		Spouse's First Name																								
Spouse's Middle Name		Other Name(s) Used																								
Spouse's Date of Birth: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> - <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																	Spouse's Date of Death, if applicable (PROOF REQUIRED): <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									
Is there a domestic relations order that would require payment of some or all of your benefit		No <input type="checkbox"/> Yes <input type="checkbox"/>																								
Date of the order: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>														Name of alternate payee:												
Has the order been qualified by PBGC or by the former plan administrator of the pension plan?		No <input type="checkbox"/> Yes <input type="checkbox"/>																								

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Designation Information Form

Plan Number: FX.PrismCase.CaseldNmbr.XF

Participant Name: FX.PrismCust.FullName.XF

Form PBGC 10-1-01

3. Designation of Beneficiary – PBGC may owe you payments at the time of your death. Generally, this will happen if your estimated benefit is too low. If your benefit will continue to be paid to another person after your death (as with a joint-and-survivor or certain-and-continuous annuity), the person receiving those continuing benefits will also receive any payments due to you at the time of your death. If there are no continuing benefits, PBGC will make any payments due to you at the time of your death to the person you designate below. If you do not designate 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.

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

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

4. Signature – 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