



# Request for Earnings Information

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

**For assistance, call 1-800-400-7242**

Plan Name: FX.PrismCase.CaseTitle.XF  
Plan Number: FX.PrismCase.CaseldNnbr.XF  
DOPT: FX.PrismCase.DOPT.XF  
Date Printed: 02/04/2021  
Participant Name: FX.PrismCust.FullName.XF

**INSTRUCTIONS:** Use this form to tell PBGC about your income for the prior calendar year. **Please mail this form to PBGC before February 28 of this year. Print clearly with dark ink.**

## 1. General Information about you

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## 2. Earnings information for Prior Year

1. Total wages shown in section 1 of all W-2 forms issued to you for last year. Attach copy of your W-2 forms to this form. If you had no employment income last year, write "None".	\$ _____
2. Other earned income not reported in #1 above. Include tips, commissions, earnings from self-employment that you will report on your federal tax return. Do not include interest income or pension income.	\$ _____
3. a. During last year, did you become eligible to receive a Social Security benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If so, on what date did you become entitled to this benefit?	/ /
c. Is this a disability benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**3. Signature** – Sign and date this form. 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.**

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SIGNATURE

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DATE