



Designation of Beneficiary for Benefits Owed at Death

(Currently Receiving Pension Benefits)

PBGC Form 707
Approved OMB 1212-0055
Expires

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.CaseldNbr.XF
Date Printed: 02/04/2021
Date of Plan Termination: FX.PrismCase.DOPT.XF

Participant Name: FX.PrismCust.FullName.XF
Applicant Name :

INSTRUCTIONS: Use this form to name your beneficiary. If you have any questions, please call our Customer Contact Center at 1-800-400-7242. **Please print clearly with dark ink.**

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)	

2. Signature – 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, 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

CONTINUE

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Participant Name : FX.PrismCust.FullName.XF

Applicant Name :

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 in this section. 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. This designation replaces any previous designation and will only be effective when PBGC receives it.

Name		Address	
Street		City	
Social Security Number		Date of Birth	
Gender		Relationship to me	
Daytime Phone		Evening Phone	
EXTENSION		Relationship to me, if any (e.g., spouse, granddaughter, friend)	