



# Designation of Beneficiary

(Not Currently Receiving Pension Benefits)

**PBGC Form 708**  
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.CaseldNmbr.XF  
Date Printed: 02/04/2021  
Date of Plan Termination: FX.PrismCase.DOPT.XF

Participant Name: FX.PrismCust.FullName.XF

**INSTRUCTIONS:** Use this form to designate your beneficiary. To begin receiving benefits, or for other information, 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)			
Daytime Phone		EXTENSION		Evening Phone			

**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

# Designation of Beneficiary

Plan Number: FX.PrismCase.CaseldNbr.XF

Participant Name : FX.PrismCust.FullName.XF

- 3. Designation of Beneficiary** – If there are payments owed to you at the time of your death, PBGC will pay them to the person you designate below. If you do not name 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		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="checkbox"/>
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"/>
Relationship to me, if any (e.g., spouse or granddaughter, friend)			

**SIGN & DATE ON PAGE 1 BEFORE SUBMITTING. THANK YOU.**