



# Application for Electronic Direct Deposit

PBGC Form 710

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: 07/03/2008  
Date of Plan Termination: FX.PrismCase.DOPT.XF

Participant Name : FX.PrismCust.FullName.XF

**INSTRUCTIONS:** Please complete this form to have PBGC send your pension benefit payments directly to your bank or other financial institution through electronic direct deposit (EDD). This form may also be used for an Electronic Transfer Account (ETA). **Your name must be on the account.** If you have questions, call our Customer Contact Center at 1-800-400-7242. **Print clearly with dark ink.**

## 1. General information about you

Plan Name (as shown on check)	
Last Name	First Name
Middle Name	Other Name(s) Used
Social Security Number	PBGC Plan Number
Mailing Address	
City	Apartment / Route Number
Country	State
	Zip Code
Email (optional)	
Routine Phone	EXTENSION
Evening Phone	

2. **Signature** – I hereby authorize PBGC to deposit my pension benefit funds into my account. I understand that I may change this election in the future.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

CONTINUE

**3. Financial institution information** – Please provide the information in this section to have your payment sent directly to a financial institution. The information is available from your financial institution or can be found on your checks, account statement or deposit slip. The sample check below shows the location of your 9-digit routing number and account number. **If you are unsure of the routing number or your account number, contact your financial institution.** You can cancel or change this arrangement by calling PBGC at 1-800-400-7242. The financial institution can cancel it by sending you a written notice.

<b>SAMPLE CHECK</b>	Date _____	101											
Pay to the Order of _____ \$ _____													
Memo _____													
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0	1	2	3	4	5	6	7	8	9				
<b>1234567890</b>													
Routing Number	Account Number												

Name of Financial Institution			
Mailing Address			
City		State	Zip Code
Name of contact person		Phone Number	
Routing Number		Account Number	
Name(s) on the Account ( <b>Your name must be on the Account</b> )			<b>Account Type</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings

**PLEASE SIGN & DATE THIS FORM ON PAGE 1**