



Change of Beneficiary for Certain & Continuous (C&C) Benefits Only

(Currently Receiving Pension Benefits)

PBGC Form 711
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 change your beneficiary if you are receiving a Certain & Continuous annuity. If you die before the certain period ends, any remaining payments will go to the person you designate in section 2. If you do not name anyone, or if the beneficiary you name dies before you, PBGC will pay the amount we owe in this order: your spouse, your children, your parents, your estate and your next of kin. If you have any questions, please call our Customer Contact Center at 1-800-400-7242. **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			City/State/Zip					
Street			City			State/Zip		
Apt. No.			County			Country		
Phone (Area Code)			Phone (Number)			Phone (Extension)		

2. Beneficiary – I name the following person as my beneficiary. This designation replaces any previous designation and will be effective only when PBGC receives it. **Once the Certain Period ends, no benefit will be paid to the person designated below.**

Last Name			First Name			Middle Name		
Other Name(s) Used						Relationship to me, if any (e.g., spouse, granddaughter, friend)		
Mailing Address			City/State/Zip					
Street			City			State/Zip		
Apt. No.			County			Country		
Phone (Area Code)			Phone (Number)			Phone (Extension)		

3. Signature – Sign and date this form for your beneficiary designation to be effective.

SIGNATURE

DATE