



# Application for Lump-Sum Payment

**PBGC Form 720CD**  
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	Participant Name: FX.PrismCust.FullName.XF
Plan Number: FX.PrismCase.CaseIdNmbr.XF	Applicant Name :
Date Printed: 02/04/2021	
Date of Plan Termination: FX.PrismCase.DOPT.XF	

**INSTRUCTIONS:** Use this form to request a lump-sum payment if you are a child or dependant pursuant to a Qualified Domestic Relations Order (QDRO). When "proof required" is indicated, please enclose a **copy** of a birth or baptism certificate, or a U.S. Passport, whichever is appropriate, unless you already sent PBGC a copy of this document. If you have questions about other acceptable documents, 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				Date of Birth (mm/dd/yyyy)				Gender							
Mailing Address						Apartment / Route Number									
City						State		Zip Code							
Country						Province									
Daytime Phone				EXTENSION				Evening Phone							
Name of plan participant:															

**2. Signature** – Sign and date this application. 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

