



# Payee Information Form

PBGC Form 701  
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.CaseldNmbr.XF	
Date Printed: 02/02/2021	
Date of Plan Termination: FX.PrismCase.DOPT.XF	

**INSTRUCTIONS:** PBGC requires this form be completed in order to continue pension payments. If you have questions, 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																																					
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Mailing Address						Apartment / Route Number																																			
City						State	Zip Code																																		
Country						Email (optional)																																			
Daytime Phone				EXTENSION		Evening Phone																																			
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Your relationship to person who participated in the plan:							MARK ONLY ONE																																		
A. Self - The benefits are from my pension plan							<input type="checkbox"/>																																		
B. Beneficiary - The benefits are from the pension plan of someone who is deceased							<input type="checkbox"/>																																		
Participant's name:																																									
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C. Alternate payee - I have a Qualified Domestic Relations Order (QDRO) that establishes							<input type="checkbox"/>																																		
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D. Other - Please specify:							<input type="checkbox"/>																																		

CONTINUE 

**2. Participant Information** – Complete this section only if you checked “Self” in section 1. Otherwise, go to Section 3.

<b>Are you currently employed?</b> If yes, please provide information below:		No <input type="checkbox"/> Yes <input type="checkbox"/>	
Employer Name:	City and State		
<b>Were you married when you retired?</b> If yes, please provide the information below about your spouse at retirement.		No <input type="checkbox"/> Yes <input type="checkbox"/>	
Spouse's Last Name		Spouse's First Name	
Spouse's Middle Name		Other Name(s) Used	
[ ][ ] - [ ][ ] - [ ][ ][ ][ ] / [ ][ ][ ] / [ ][ ][ ][ ] / [ ][ ][ ][ ] / [ ][ ][ ][ ]	Spouse's Date of Death, if applicable ( <b>PROOF REQUIRED</b> )		
Is there a domestic relations order that would require payment of some or all of your benefit			No <input type="checkbox"/> Yes <input type="checkbox"/>
Date of the order: [ ][ ][ ] / [ ][ ][ ] / [ ][ ][ ][ ]		Name of alternate payee:	
Has the order been qualified by PBGC or by the former plan administrator of the pension plan?			No <input type="checkbox"/> Yes <input type="checkbox"/>

CONTINUE

**Designation Information Form**

Plan Number: FX.PrismCase.CaseldNmbr.XF

Participant Name: FX.PrismCust.FullName.XF

Form PBGC 10-1-10

- 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 below. 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 for amounts owed to me at my death. This replaces any previous designation and will be effective only when PBGC receives it.

Last Name				First Name			
Middle Name				Other Name(s) Used			
Social Security Number		Date of Birth		Gender			
Mailing Address				Apartment / Route Number			
City				State		Zip Code	
Country				Email (optional)			
Daytime Phone		Extension		Evening Phone			
Relationship to me, if any (e.g., spouse or granddaughter, friend)							

- 4. 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