



General Information Form

PBGC Form 702
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: 02/02/2021
Date of Plan Termination: FX.PrismCase.DOPT.XF

INSTRUCTIONS: Please complete this form so that PBGC can determine whether you are entitled to a pension benefit. Note those items marked "Proof Required" and enclose a copy of the appropriate document if you have not already sent it to us. Acceptable documents for proof of age include your birth or baptism certificate, or U.S. Passport; for marriage, a marriage certificate; for proof of death, a death certificate. This is not a benefit application. To begin receiving benefits, or if you have questions about other acceptable documents, 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 | | Date of Birth (PROOF REQUIRED) | |
| Gender | | | |
| Mailing Address | | Apartment / Route Number | |
| City | | State | Zip Code |
| Country | | Email (optional) | |
| Daytime Phone | | Evening Phone | |
| EXTENSION | | | |

CONTINUE 

Plan Number: FX.PrismCase.CaseldNmbr.XF

Participant Name: FX.PrismCust.FullName.XF

| 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"/> |
| My relationship to the participant: | <input type="checkbox"/> Spouse (proof required) <input type="checkbox"/> Other | |
| Name of Participant: | | |
| Date of participant's death: | | (PROOF REQUIRED) |
| C. Alternate payee - I have a Qualified Domestic Relations Order (QDRO) that establishes | | <input type="checkbox"/> |
| Name of Participant: | | |
| Date of QDRO: | | |
| D. Other - Please explain: | | <input type="checkbox"/> |

2. Participant Information – Complete this section only if you checked “Self” in section 1.

| | | |
|---|------------------------|------------------------------|
| Are you currently employed? If yes, please provide information below: | | No <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> |
| Employer Name: | City and State: | |
| Were you married when the plan terminated? | | 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 Social Security Number | Spouse's Date of Birth | Date of Marriage |
| | | |
| Is there a Qualified Domestic Relations Order (QDRO) requiring payment of some or all of | | No <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> |
| Date of the QDRO: | | |
| Name of alternate payee: | | |

CONTINUE 

Plan Number: FX.PrismCase.CaseldNmbr.XF

Participant Name: FX.PrismCust.FullName.XF

- 3. Signature** – You must 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, and 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

- 4. Designation of Beneficiary** – If there are payments owed to you at the time of your death, PBGC will pay them to the person(s) you designate below. If you do not designate 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.

Beneficiary – 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="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 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"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Relationship to me, if any (e.g., spouse or granddaughter, friend) | | | | | | | |

If you want to change this designation, please call PBGC's Customer Contact Center at 1-800-400-7242.

THANK YOU.

