

Beneficiary Application for Pension Benefits

PBGC Form 705 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.CaseIdNmbr.XF Date Printed: 02/02/2021

Date of Plan Termination: FX.PrismCase.DOPT.XF

Participant Name: FX.PrismCust.FullName.XF

Applicant Name:

INSTRUCTIONS: Please complete this form to request that PBGC begin payments to you as the beneficiary of a deceased participant who died after retirement, or as an alternate payee pursuant to a Qualified Domestic Relations Order (QDRO). If you have questions, call our Customer Contact Center at 1-800-400-7242. **Please print clearly with dark ink.**

1.	General information about you													
	Last Name	E	First Name											
	Middle Name	Other Name(s) Used												
	Social Coourity Alumbor	Data of Birth		Condor										
	Mailing Address		Anartment / F	Poute Number										
	City		State	Zin Code										
	Country		Email (ontional)											
	Douting Dhan	Evtoncion	- Cyping -	Dhong										
	Name of plan participant:	_												

CONTINUE -

_	Plan Number: FX.PrismCase.CaseIdNmbr.XF	_	Partic Applic			: FX	.Prisr	nCus	t.Full	lName.XF								
	Your relationship to person who participated in the plan:														MAF	RK ON	LY ON	ΙE
	A Boundinion. The boundite our fundamental management of common substitutions of													Г	7			
	B. Alternate payee - I have a Qualified Domestic Relations Order (QDRO) that establishes																	
													ies		_	_		
	Data of ODDO:	<u> </u>			,													
	C. Other. Please explain:]		
2.	 Signature – Sign and date this application. Knowingly and willfully making false, fictitious or fr statements to the Pension Benefit Guaranty Corporation is a crime punishable under Title 18, Section United States Code. I declare under penalty of perjury that all of the information I have provided on this form is true and corporation. 											ctior	10					
	SIGNATURE									DATE								
3.	Designation of Beneficiary – PBG the time of your death and /or for the r											ymer	nts	owe	d t	o yo	ou at	t
	Beneficiary – I name the following p	erso	n as	my t	ene	fici	ary.											
	Last Name									First Na	me							
	Middle Name	∩th	er Nar	ne(s)	Шсе	h												
Relationship										nip to	o me (e.g., friend,							
	Mailing Address Apartment / Route Number																	
	City State 7in Code																	
	Country Email (ontional)																	
												[1				
			C	CONT	ΓINU	E												

- **4. Information on Federal tax withholding** Tax laws require that we withhold Federal income tax from your pension payments unless you instruct us to do otherwise. You have three choices. Please read them carefully and make your selection on the next page. You may choose:
 - A) To have PBGC withhold no Federal income taxes from your payments (not available if you live outside of the United States).
 - B) To have PBGC follow IRS guidance and calculate your withholding.

If you choose this option, you need to tell us if you're married <u>and</u> the number of allowances you claim. It is possible that we will not withhold any Federal income tax even if you choose this option – if, for example, your benefit is low or if you claim a large number of allowances. You may increase the amount we withhold by claiming fewer allowances, by having additional money withheld, or by electing option C, below.

C) To have PBGC withhold the amount you tell us to withhold each month.

If you decide not to have PBGC withhold taxes or the amount that we withhold is too low, you may have to pay an estimated tax directly to the Internal Revenue Service. If the amount of your estimated tax or your withholding is too low, you may also have to pay the IRS penalties. You may wish to consult a tax specialist or the IRS about your decision.

What happens if you do not choose any option?

If you do not choose one of the above options, we will withhold Federal taxes as if you were a married individual with three allowances. The amount we will withhold depends on your monthly pension.

What if you want to pick a different option later?

You may change your decision at any time. To choose a different option, simply call PBGC's Customer Contact Center at 1-800-400-7242. We will then send you a tax withholding form to complete. Depending on when we receive it, we will make the change by the next month or the month after that.

What if you don't live in the United States?

If you live outside the United States, you cannot elect option A. You may be eligible for special tax treatment under a tax treaty with the country you reside in. We will send you additional information after you file this form.

When determining whether to have Federal tax withholdings you may find it helpful to read the IRS instructions for completing the IRS Form W-4P (Withholding Certificate for Pension or Annuity Payments). If you would like a copy, you can either call the PBGC Customer Contact Center at 1-800-400-7242 and request a copy be sent to you or you can print a copy from the IRS Internet site under Forms and Instructions at www.IRS.gov.



_	Plan Number: FX.PrismCase.CaseIdNmbr.XF Participant Name : FX.PrismCust.FullName.XF Applicant Name :	A .£ F								
	Election - In general, tax laws require PBGC to withhold Federal income tax from your pens unless you specifically elect not to have taxes withheld. Complete A or B or C (ONLY ONE) .	ion payments,								
	A. I elect not to have Federal income tax withheld. (Available to U.S. OR									
	Single Married	П								
	A delikional mandali camanat da ha middalal (ambanal) da ha middalal (ambanal) da ha middalal (ambanal) da ha mandalal (ambanal) da ha middalal (ambanal) da middalal (ambanal) da ha middalal (ambanal) da ha middalal (amba									
	OR									
	The dellar arrayat to be withheld as withheld in the continue.	П								
	If you do not choose an option, we will withhold Federal income taxes as if you were a married three allowances. This means that for year 2008, we will withhold taxes only if your monthly P \$1,560 or more.									
5. Method of receiving benefit payments. Electronic Direct Deposit (EDD) is the way PBGC mak payments to people with bank accounts. Direct deposit is safe, secure and convenient. You will get you payment on time even if you are out-of-town or unable to get to the bank.										
	If you do not have a bank account, you can open a low-cost Electronic Transfer Account (ETA) at a financia institution that offers such accounts. For more information about opening an ETA, call 1-888-382-3311 (toll-free) or visit the ETA website at www.eta-find.gov .									
	How would you like to receive your payments?	MARK ONLY ONE								
	A. By EDD or ETA to the account identified on the next page, which must have your name on it.									
	B. By mail to my home address, which is printed in section 1 of this form. You may choose this option if EDD or ETA would be difficult because:									
	 You do not speak or read English. The costs or fees related to EDD or ETA are greater. 									
	• Accessing an EDD or ETA account would be difficult based on where you live.									
	You have a physical or mental disability.									
	1	i								



Plan Number: FX.PrismCase.CaseIdNmbr.XF

Participant Name: FX.PrismCust.FullName.XF

Applicant Name :

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.

SAMPLE CHECK	101 Date
Pay to the Order of	\$
Memo	·
1012345678	
Routing Number Account Number	
Routing Number Account Number	

Na	Name of Financial Institution																
Ma	Mailing Address																
City State Zip Code																	
Name of Contact Person Phone Number																	
Routing Number Account Number									Account Number								
Name(s) on the Account (Your name must be on the Account)												Account Type					
											☐ Checking						
										☐ Savings							

PLEASE SIGN AND DATE PAGE 2 BEFORE SUBMITTING A MISSING SIGNATURE COULD DELAY YOUR FIRST PAYMENT. THANK YOU