



# Designation of Beneficiary for Benefits Owed at Death

(Currently Receiving Pension Benefits)

**PBGC Form 707**  
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: 02/02/2021  
Date of Plan Termination: FX.PrismCase.DOPT.XF

Participant Name: FX.PrismCust.FullName.XF  
Applicant Name :

**INSTRUCTIONS:** Use this form to name your beneficiary. If you have any questions, please 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			
Mailing Address		Apartment / Route Number	
City		State	Zip Code
Country		Email (optional)	

**2. Signature** – 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, 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

CONTINUE

