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| Logo | **Request for Earnings Information** | | **PBGC Form 704**  Approved OMB 1212-0055  Expires 09/30/11 |
| Pension Benefit Guaranty Corporation.  P.O. Box 151750, Alexandria, Virginia 22315-1750 | | **For assistance, call 1-800-400-7242** | |

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| --- | --- | --- |
|  | Plan Name: FX.PrismCase.CaseTitle.XF | |
|  | Plan Number: FX.PrismCase.CaseIdNmbr.XF | Participant Name: FX.PrismCust.FullName.XF |
|  | Date of Plan Termination: FX.PrismCase.DOPT.XF |  |
|  | Date Printed: 08/04/2010 |  |

INSTRUCTIONS: Use this form to tell PBGC about your income for the prior calendar year. Please mail this form to PBGC before February 28 of this year. Print clearly with dark ink.

**1. General Information about you**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name | | | | | | | | | | | | | First Name | | | | | | | | | | | | | | | Middle Name | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Security Number | | | | | | | | | | | Date of Birth | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  |  |  | **-** |  |  | **-** |  |  |  |  |  |  | | | **/** | |  |  | **/** |  |  | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | | | | | | | | | | Apartment / Route Number | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | | | State | | | | | | Zip Code | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | | | | Email (optional) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Daytime Phone | | | | | | | | | | | | | | | | Extension | | | | | Evening Phone | | | | | | | | | | | | | | | | |
| **(** |  |  |  | **)** |  |  |  | **-** |  |  |  |  | | **x** | |  | |  |  |  | **(** |  | |  | | |  | | **)** |  |  |  | **-** |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**2. Earnings information for Prior Year**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Total wages shown in section **1** of all W-2 forms issued to you for last year. If you had no employment income last year, write “None”. | | | | | | $ \_\_\_\_\_\_\_\_\_ | | | | | | | | |
| 1. Other earned income not reported in 2.a) above. Include tips, commissions, earnings from self-employment that you will report on your federal tax return. Do not include interest income or pension income. | | | | | | $ \_\_\_\_\_\_\_\_\_ | | | | | | | | |
| 1. **1.** During last year, did you become eligible to receive a Social Security benefit? | **** | | | | Yes | | |  | | | | No | | |
| **2**. If so, on what date did you become entitled to this benefit? |  |  | **/** |  | | |  | | **/** |  |  | |  |  |
| **3**. Is this a disability benefit? | **** | | | | Yes | | | **** | | | | No | | |

**3. Signature –** Sign and date this form. 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 |  |