



# Request for Earnings Information

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.CaseIdNbr.XF      Participant Name: FX.PrismCust.FullName.XF  
Date of Plan Termination: FX.PrismCase.DOPT.XF  
Date Printed: 02/02/2021

**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

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## 2. Earnings information for Prior Year

a) 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".	\$ _____
b) 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.	\$ _____
c) 1. During last year, did you become eligible to receive a Social Security benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If so, on what date did you become entitled to this benefit?	/ /
3. Is this a disability benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> 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