

Designation of Beneficiary

(Not Currently Receiving Pension Benefits)

PBGC Form 708
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	Participant Name: FX.PrismCust.FullName.XF
Date Printed: 01/30/2021	
Date of Plan Termination: FX.PrismCase.DOPT.XF	

INSTRUCTIONS: Use this form to designate your beneficiary. To begin receiving benefits, or for other information, call our Customer Contact Center at 1-800-400-7242. Please print clearly with blue or black ink.

1. General information about you

Last Name	First Name
Middle Name	Other Name(s) Used

Social Security Number	
<input type="text"/> <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"/> <input type="text"/> <input type="text"/> x <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>

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 

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Plan Number: FX.PrismCase.CaseldNmbr.XF

Participant Name : FX.PrismCust.FullName.XF

3. Designation of Beneficiary – If there are payments owed to you at the time of your death, PBGC will pay them to the person(s) and/or entity(ies) (such as a trust, church, estate or other organization) that you designate below. If you do not make a designation, or if the beneficiary is a person and dies before you, PBGC will pay any money we owe you in this order to: your spouse, your children, your parents, your estate, or your next of kin.

I name the following as my beneficiary(ies). This designation replaces any previous designation and will only be effective when PBGC receives it.

Beneficiary(ies)	Social Security Number*	Date of Birth*	Relationship	Percentage**
Name <hr/> <hr/> Address <hr/> <hr/> <hr/> <hr/> Daytime Tel. No: <hr/> <hr/>				
Name <hr/> <hr/> Address <hr/> <hr/> <hr/> <hr/> Daytime Tel. No: <hr/> <hr/>				
Name <hr/> <hr/> Address <hr/> <hr/> <hr/> <hr/>				

Daytime Tel. No: _____				
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* Complete if person

** Not necessary to provide; if provided, must total 100%

s)ficiary(_____ill only be effective when PBGC receives it,predeases the ganization or other)lication

SIGN & DATE ON PAGE 1 BEFORE SUBMITTING. THANK YOU.