	Application for **Electronic Direct Deposit**	**PBGC Form 710** 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	Participant Name : FX.PrismCust.FullName.XF
Date Printed: 01/30/2021 Date of Plan Termination: FX.PrismCase.DOPT.XF	

INSTRUCTIONS: **Please complete this form to have PBGC send your pension benefit payments directly to your bank or other financial institution through electronic direct deposit (EDD). This form may also be used for an Electronic Transfer Account (ETA).** Your name must be on the account. **If you have questions, call our Customer Contact Center at 1-800-400-7242.** Print clearly with blue or black ink.

1. General information about you

Plan Name (as shown on check)

Last Name   First Name

Middle Name   Other Name(s) Used

Social Security Number   PBGC Plan Number

[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]   [ ][ ][ ][ ][ ][ ][ ][ ]

Mailing Address   Apartment / Route Number

City   State   Zip Code

Country   Email (optional)

Daytime Phone   EXTENSION   Evening Phone

([ ][ ][ ]) [ ][ ][ ] - [ ][ ][ ][ ]   x [ ][ ][ ]   ([ ][ ][ ]) [ ][ ][ ] - [ ][ ][ ][ ]

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Plan Number: FX.PrismCase.CaseIdNmbr.XF	Participant Name: FX.PrismCust.FullName.XF

3. 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 nine-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.

All fields required

Routing Number								Account Number – Numbers only		Accou
	•	•	•	•	•	•	•	•	•	•

• Name(s) on the Account **(Your name must be on the Account)**

3.   Signature I hereby authorize PBGC to deposit my pension benefit funds into my account. I understand that I may change this election in the future.

_____   _____
SIGNATURE   DATE