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| Logo | **Election to Withdraw Employee Contributions** | | **PBGC Form 713**  Approved OMB 1212-0055  Expires |
| 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 Printed: 09/26/2012 |  |
|  | Date of Plan Termination: FX.PrismCase.DOPT.XF |  |

**INSTRUCTIONS**: Complete this form to elect whether to withdraw contributions made to the above pension plan in a single sum. Please read the cover letter and this form carefully before you make an election. If you have questions, call our Customer Contact Center at 1-800-400-7242. **Please print clearly with blue or black ink**.

**1. General information about you**

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| Last Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | First Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Middle Name | | | | | | | | | | | | | | | | | | | | | | | Social Security Number | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | **-** | | | | |  | | | |  | | | | **-** | | | |  | | | | | |  | | | |  | | | |  | | | |
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| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Apartment / Route Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State | | | | | | | | Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Email | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Daytime Phone | | | | | | | | | | | | | | | | | | | | | | | | | | | | Extension | | | | | | | | | | Evening Phone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(** |  |  | |  | | **)** | |  | |  | |  | | **-** | |  | |  | |  | |  | | | **x** | | | |  | |  | |  | | |  | | **(** | |  | | | | | |  | | |  | | | | **)** | | | |  | | | | |  | | | |  | | | | **-** |  | | | |  | | | |  | | | |  | |
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| **Mark One** | | | **Your relationship to the person who participated in the plan:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **Self –** The benefits are from my pension plan. I am: Married **** Not Married ****   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | My date of birth: |  |  | **/** |  |  | **/** |  |  |  |  |   **The year I last worked for the Company that sponsored this pension plan was: \_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **Spouse** - The benefits are from the pension plan of the participant who is deceased. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Participant’s name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Participant’s Social Security Number | | | | | | | | | | | | | | | | | | | | | | | Participant’s Date of Birth | | | | | | | | | | | | | | | | | | | | | | | | | Participant’s Date of Death | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | |  | |  | | **-** | |  | |  | | **-** | |  | |  | |  | | |  | |  |  | | | **/** | |  | | |  | | **/** | |  | |  | | | |  | | |  | | |  | | |  | | | | **/** | | |  | | | |  | | | **/** | | | |  | | | |  | | | |  | | | |  |
| **** | | | **Alternate payee -** I have a court orderthat establishes my right to receive some or all of a participant’s benefits from a pension plan. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Participant’s name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date of Order: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**CONTINUE**

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| --- | --- | --- |
| **Election to Withdraw Employee Contributions Form 713, page 2 of 5** | | |
|  | Plan Number: FX.PrismCase.CaseIdNmbr.XF | Participant Name : FX.PrismCust.FullName.XF |
|  |  |  |

**2. Election – Choose A or B.** You may withdraw the contributions anytime before you retire or when you apply to start your pension benefits.Please read the enclosed *Special Tax Notice Regarding Non-Periodic PBGC Payments* before you make an election and be sure you understand the implications of withdrawing the contributions*.*

**Option A** – You can only elect this option if you are applying for pension benefits at this time.

**Option B** –You can elect this option to 1) withdraw your contributions before you retire or 2) withdraw your contributions when you are applying for pension benefits.

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| --- |
| 1. **Election Not To Withdraw Employee Contributions**   If you are applying for pension benefits and do not want to withdraw your contributions in a single sum, check the box below and sign and date this page. |
| **Election Not to Withdraw Employee Contributions**  I am applying for pension benefits. I elect not to withdraw the employee contributions in a single sum and to receive my pension which includes the amount derived from the employee contributions.  I understand that I cannot change this election after the 90-day period ends, or if earlier, the date that my pension benefit payments begin. |

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| **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 | | | | | | |
| **If you completed this section, return only pages 1 and 2 to PBGC** | | | | | |
|  | **CONTINUE** | |  |
| **Election to Withdraw Employee Contributions Form 713, page 3 of 5** | | | | | | | |
|  | | Plan Number: FX.PrismCase.CaseIdNmbr.XF | | Participant Name: FX.PrismCust.FullName.XF | | | |
|  | |  | |  | | | |

**B. Election to Withdraw Employee Contributions**

If you want to withdraw the contributions (plus interest) in a single sum, check the box below and complete the remainder of this form. If you are the participant and you are married, your spouse must complete section 3.

**Election to Withdraw Employee Contributions**

I elect to withdraw the contributions, plus interest, in a single sum. I understand that withdrawing the contributions now will result in a smaller pension payment.

I understand that I cannot change this election after PBGC pays the contributions (plus interest) to me.

*If you are married, go to Section 3; otherwise go to Section 4.*

**3. Spouse’s consent for withdrawal of employee contributions** – If you are the participant and you are married, your spouse must complete this section and sign and date it in the presence of a Notary Public witnessing his/her signature.

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| Spouse’s Last Name | | | | | | | | | | | | | | | | Spouse’s First Name | | | | | |
| Spouse’s Middle Name | | | | | | | | | | | | | | | | Other Name(s) Used | | | | | |
| Spouse’s Social Security Number | | | | | | | | | | | Date of Marriage | | | | | | | | | |  |
|  |  |  | **-** |  |  | **-** |  |  |  |  |  |  | **/** |  |  | **/** |  |  |  |  |  |

By signing below, I consent to my spouse’s election to withdraw his or her pension contributions, plus interest, in a single sum. I have a right not to consent to my spouse’s election. I understand that as a result of agreeing to the withdrawal of my spouse’s contributions in a single sum that any spousal benefit that I may receive will be reduced. My consent is voluntary and I also understand I cannot revoke my consent after PBGC pays the contributions, plus interest, to my spouse.

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| signature of spouse | | | | | |  | date | |
| **To be completed by Notary Public witnessing your signature above:** | | | | | | | | | |
| Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Year\_\_\_\_\_\_ | | | | | | | | | |
|  | | | |  |  | | | | |
| Date My Commission Expires | | | |  | Notary Public Name | | | | |
|  | | | |  |  | | | | |
| City / County | | | |  | State | | | | |
|  | | **CONTINUE** | | | | | | **** |
| **Election to Withdraw Employee Contributions Form 713, page 4 of 5** | | | | | | | | | | |
|  | Plan Number: FX.PrismCase.CaseIdNmbr.XF | | Participant Name: FX.PrismCust.FullName.XF | | | | | | | |
|  |  | |  | | | | | | | |

**4. Payment Election–** Please read the enclosed *Special Tax Notice Regarding Non-Periodic PBGC Payments* and be sure you understand the tax implications of electing to have PBGC pay the contributions directly to you or to an individual retirement arrangement (IRA) or a qualified retirement plan.

Please elect only one option - A or B or C or D. If you do not elect an option or if you elect more than one option, PBGC will pay you according to option B.

|  |  |
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| **A**. **Roll over my payment to an IRA or a plan** – Send my entire payment, plus interest, directly to an IRA or a qualified retirement plan. I understand that PBGC **will not** **withhold** taxes from my payment. |  |

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| **B**. **Pay me directly** – Send my entire payment, plus interest, directly to me. I understand that PBGC **will withhold** 20% of the taxable amount of this payment for federal income tax. |    |

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| **C**. **Split my payment -** Send some of the money, plus interest, directly to me, and send some directly to an IRA or a qualified retirement plan, as follows: | |  | |  | | | | | |
|  | 1. Send this much directly to me: | **$** | |  |  |  |  |  | **.** |
|  | I understand that PBGC **will withhold** 20% of the taxable amount for federal income tax. |  | |  | | | | | |
|  | 2. Send this much to an IRA or a qualified retirement plan. | **$** | |  |  |  |  |  | **.** |
|  | I understand that PBGC **will not withhold** taxes from this part of my payment.  Note: the amount must be at least $500. | |  | | | | | | |
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| **D. Split my payment between Taxable and Non-taxable amounts.** Send the non-taxable amount directly to me AND the taxable amount to an IRA or a qualified retirement plan. I understand that PBGC **will not withhold** federal income tax from either payment. |  |

If you elected option A or C or D, complete **Section E** on page 5.

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| **** | **CONTINUE** | | **** |
| **Election to Withdraw Employee Contributions Form 713, page 5 of 5** | | | | | | |
|  | Plan Number: FX.PrismCase.CaseIdNmbr.XF | | Participant Name :FX.PrismCust.FullName.XF | | |
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**Payment Election (continued)**

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| **E. Rollover Information** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of IRA or Plan: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of IRA or Plan (check one):  Traditional IRA  Roth IRA  Qualified Retirement Plan | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Account Number | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the Institution / Trustee | | | | Daytime Phone | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **(** | |  | |  | |  | | **)** |  |  | |  | | **-** | |  | |  | |  | |  |
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | State | | | | | | Zip Code | | | | | | | | | | | | | | | | | | | |
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**6. 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.

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| **I declare under penalty of perjury that all of the information I have provided on this form is true and correct.** | | |
|  | | |
| signature |  | date |