



Plan Number: FX.PrismCase.CaseldNbr.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.

**A.**

**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.

**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**

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**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.

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.

\_\_\_\_\_  
SIGNATURE OF SPOUSE

\_\_\_\_\_  
DATE

**To be completed by Notary Public witnessing your signature above:**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_

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I understand that PBGC **will not withhold** taxes from this part of my payment.

Note: the amount must be at least \$500.

**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.



CONTINUE



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### Payment Election (continued)

<b>E. Delivery Information</b>	
Name of IRA or Plan:	
Type of IRA or Plan (check one):	
<input type="checkbox"/> Traditional IRA	
<input type="checkbox"/> Roth IRA <input type="checkbox"/>	
Account Number	
Name of the Institution / Trustee	Daytime 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"/> <input type="text"/>
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.

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE