

Application for Lump-Sum Payment

PBGC Form 720CD

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: Use this form to request a lump-sum payment if you are a child or dependant pursuant to a Qualified Domestic Relations Order (QDRO). When "proof required" is indicated, please enclose a copy of a birth or baptism certificate, or a U.S. Passport, whichever is appropriate, unless you already sent PBGC a copy of this document. If you have questions about other acceptable documents, call our Customer Contact Center at 1-800-400-7242. Please print clearly with dark ink.

1. General information about you

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

Social Security Number	Date of Birth (PROOF REQUIRED)	Gender	MALE <input type="checkbox"/>
			FEMALE <input type="checkbox"/>

Mailing Address	Apartment / Route Number
City	State Zip Code
Country	Province

Daytime Phone	Extension	Evening Phone
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Name of plan participant:

2. Signature – Sign and date this application. 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