



# Application for Lump-Sum Payment

PBGC Form 720MP  
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  
Date Printed: 01/30/2021  
Date of Plan Termination: FX.PrismCase.DOPT.XF  
Participant Name: FX.PrismCust.FullName.XF

**INSTRUCTIONS:** Use this form to request a lump-sum payment. As proof of your date of birth, **enclose a copy of your birth or baptism certificate, or U.S. Passport.** If you are a deceased participant's spouse, enclose a copy of your marriage certificate if you have not already sent it to us. Please make sure that proof documents are legible before sending to PBGC. If you have questions about other documents we accept as proof, call our Customer Contact Center at 1-800-400-7242. **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						Date of Birth (Copy of Proof Required)						Gender					
Mailing Address						Apartment / Route Number											
City						State						Zip Code					
Country						Province											
Daytime Phone						Extension						Evening Phone					
If you are the participant and worked after the date the plan terminated, what year did you stop working for the employer who sponsored your pension plan?												Year					

CONTINUE

**2. Payment Election** – Please read the enclosed *Special Tax Notice Regarding Non-Periodic PBGC Payments*. Be sure you understand the tax implications of having PBGC pay the lump sum 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. If you do not elect an option or if you elect more than one option, PBGC will pay you according to option B.

**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.

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

**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.

If you elected option A or C, complete **Section D** on page 3.

CONTINUE

**Payment Election (Continued)**

<b>D. Rollover Information</b>		
Name of IRA or Plan:		
Type of IRA or Plan:		
<input type="checkbox"/> Traditional IRA <input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> Roth IRA		
<input type="checkbox"/> Qualified retirement plan <input type="checkbox"/>		

**3. Signature** – Sign and date this application in the presence of a Notary Public. 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

**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