

# Application for Payment Eligible for Rollover – Non-Spouse Beneficiary

**PBGC Form 721**  
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.CaseIdNbr.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 the beneficiary of a participant who has died and you are not the spouse. Please enclose a legible copy of the death certificate unless you have already sent a copy to PBGC. Please print clearly with blue or black ink.**

## 1. Information about you

Last Name	First Name
Middle Name	Your Relationship to Deceased Payee

Social Security Number	Date of Birth
<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"/> <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"/> <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	Apartment / Route Number
City	State      Zip Code

Daytime Phone	Extension	Evening 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"/> x <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"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

CONTINUE 

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Plan Number: FX.PrismCase.CaseIdNbr.XF

Participant Name: FX.PrismCust.FullName.XF

**2. Payment Option** – Please read the enclosed *Special Tax Notice Regarding Non-Periodic PBGC Payments*. Be sure you understand the tax implications of having PBGC send your lump-sum payment directly to you or to an **inherited individual retirement account (IRA)**.

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. Rollover my payment into an Inherited IRA** – Send my entire payment, plus interest, directly to the inherited (IRA) I designate. I understand that PBGC **will not** withhold federal income tax from the payment.

**B. Pay me directly** – Send the entire payment, plus interest, directly to me. I understand that I **cannot** rollover this amount **later** to an inherited IRA, and that PBGC **will withhold** 20% of the taxable amount of this payment for federal income tax.

**C. Split my payment** - Send some of the money directly to me, and send some directly to an IRA as follows:

1. Send \$ this much directly to me:

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I understand that I **cannot** rollover this amount **later** to an inherited IRA and that PBGC **will withhold** 20% of the taxable

amount of  
this  
payment for  
federal  
income tax.

2. Send \$  
this much to  
an inherited  
IRA.

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

Note: the  
amount  
must be at  
least  
\$500.00.

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NO LESS THAN \$500

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

CONTINUE 



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Plan Number: FX.PrismCase.CaseIdNmbr.XF

Participant Name: FX.PrismCust.FullName.XF

**3. Information About Your Inherited Individual Retirement Account**

Name of Receiving Account (example – Tom Smith as beneficiary of John Smith)																			
Account Number																			
Name of the Institution / Trustee		Daytime Phone																	
		(					)												
Mailing Address																			
City		State		Zip Code															

**4. 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