



Designation of Beneficiary for Benefits Owed at Death

(Currently Receiving Pension Benefits)

PBGC Form 707

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.CaseldNmbr.XF Participant Name: FX.PrismCust.FullName.XF
 Date Printed: 01/24/2021
 Date of Plan Termination: FX.PrismCase.DOPT.XF

INSTRUCTIONS: Use this form to name your beneficiary. If you have any questions, please call our Customer Contact Center at 1-800-400-7242. **Please print clearly with blue or black ink.**

1. General information about you

Last Name				First Name			
Middle Name			Other Last Name(s) Used				
Social Security Number							
Mailing Address					Apartment / Route Number		
City					State	Zip Code	
Country					Email		

2. Signature – Sign and date this document. 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

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Plan Number: FX.PrismCase.CaseIdNmbr.XF

Participant Name: FX.PrismCust.FullName.XF

3. Designation of Beneficiary for Payments Owed at Death

– PBGC may owe you money at the time of your death. Typically, this happens if your final benefit is higher than the estimated benefit we had been paying. If another person continues to receive your benefit after your death **(as with a joint-and-survivor or certain-and-continuous annuity)**, PBGC will pay any money owed to that person. If there are no continuing benefits or the person designated to receive continuing benefits dies before you, PBGC will pay any money owed you at the time of your death to the person(s) and/or entity(ies) (such as a trust, church, estate or other organization) that you designate in this section. If you do not make a designation, or if all the beneficiaries you designate below die before you, PBGC will pay the money in this order to: your spouse, your children, your parents, your estate, or your next of kin.

I name the following as my beneficiary(ies). This designation replaces any previous designation and will only be effective when PBGC receives it.

Beneficiary(ies)	Social Security Number*	Date of Birth*	Relationship	Percentage**
Name _____ Address _____ _____ Daytime Tel. No: _____				
Name _____ Address _____ _____ Daytime Tel. No: _____				
Name _____ Address _____ _____ Daytime Tel. No: _____				

* Complete if person

** Not necessary to provide; if provided, must total 100%
