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| Logo | **Designation of Beneficiary**  **(Not Currently Receiving Pension Benefits)** | | **PBGC Form 708** |
| Pension Benefit Guaranty Corporation.  P.O. Box 151750, Alexandria, Virginia 22315-1750 | | **For assistance, call 1-800-400-7242** | |

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|  | Plan Name: FX.PrismCase.CaseTitle.XF | |
|  | Plan Number: FX.PrismCase.CaseIdNmbr.XF | Participant Name: FX.PrismCust.FullName.XF |
|  | Date Printed: 12/14/2015 |  |
|  | Date of Plan Termination: FX.PrismCase.DOPT.XF |  |

**INSTRUCTIONS**: Use this form to designate your beneficiary. To begin receiving benefits, or for other information, call our Customer Contact Center at 1-800-400-7242. Please print clearly with blue or black ink.

**1. General information about you**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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 | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Daytime Phone | | | | | | | | | | | | | | Extension | | | | Evening Phone | | | | | | | | | | | | |
| **(** |  |  |  | **)** |  |  |  | **-** |  |  |  |  | **x** |  |  |  |  | **(** |  |  |  | **)** |  |  |  | **-** |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**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.

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| **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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|  | **CONTINUE ON BACK** |  |

Approved OMB 1212-0055

Expires xx/xx/xx

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| **Designation of Beneficiary**  **(Not Currently Receiving Pension Benefits)** | | | **Form 708, page 2 of 2** |
|  | Plan Number: FX.PrismCase.CaseIdNmbr.XF | Participant Name : FX.PrismCust.FullName.XF | |
|  |  |  | |

**3. Designation of Beneficiary for Payments Owed at Death** – If there are payments owed to you at the time of your death, PBGC will pay them to the person(s) and/or entity(ies) (such as a trust, church, estate or other organization) that you designate below. If you do not make a designation, or if all the beneficiaries you designate below die before you, PBGC will pay any money we owe you 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.

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| 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%

**SIGN & DATE ON PAGE 1 BEFORE SUBMITTING. THANK YOU.**