



Change of Beneficiary for Certain & Continuous (C&C) Benefits Only

(Currently Receiving Pension Benefits)

PBGC Form 711

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
Date Printed: 01/24/2021
Date of Plan Termination: FX.PrismCase.DOPT.XF

Participant Name: FX.PrismCust.FullName.XF

INSTRUCTIONS: Use this form to change your beneficiary if you are receiving a Certain & Continuous annuity. If you die before the certain period ends, any remaining payments will go to the person(s) or entity(ies) (such as a trust, church, estate or other organization) that you designate in section 2. If you do not make a designation, or if the beneficiary is a person and dies before you, PBGC will pay the amount we owe in this order to: your spouse, your children, your parents, your estate, or your next of kin. If you have any questions, please 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 Last Name(s) Used | | | | Social Security Number | |
| | | | | | |
| | | | | | |
| | | | | | |

2. Beneficiary - I name the following person(s) and/or entity(ies) as my beneficiary(ies). This designation replaces any previous designation and will be effective only when PBGC receives it. Once the Certain Period ends, no continuing benefit will be paid to the person(s) or entity(ies) designated below.

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

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**Change of Beneficiary for Certain & Continuous (C&C)
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Plan Number: FX.PrismCase.CasIdNmbr.XF

Participant Name : FX.PrismCust.FullName.XF

2. Beneficiary (continued)

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

* Complete if person

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

3. Signature – Sign and date this form for your beneficiary designation to be effective.

SIGNATURE

DATE