



Payee Information Form

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: 01/20/2021
Date of Plan Termination: FX.PrismCase.DOPT.XF
Participant Name: FX.PrismCust.FullName.XF

INSTRUCTIONS: You must complete this form to continue receiving pension payments. If you have questions, 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	
<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>			MALE FEMALE
Mailing Address		Apartment / Route Number	
City		State	Zip Code
Country		Email	
Daytime Phone <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		EXTENSION	Evening Phone <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Your relationship to person who participated in the plan:			MARK ONLY ONE
A. Self – The benefits are from my pension plan			<input type="checkbox"/>
B. Beneficiary – The benefits are from the pension plan of someone who is deceased			<input type="checkbox"/>
Participant's name:			
<input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>			
C. Alternate payee – The benefits are from someone else's pension plan but were assigned to			<input type="checkbox"/>
Date of order:			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
D. Other – Please explain:			

CONTINUE ON BACK

Participant Information Form

Plan Number: FX.PrismCase.CaseldNbr.XF

Participant Name: FX.PrismCust.FullName.XF

2a. Participant Information – Complete this section only if you checked “Self” in section 1. Otherwise, go to Section 3.

Are you currently employed? If yes, please provide information below:		No <input type="checkbox"/>												
		Yes <input type="checkbox"/>												
Employer Name:	City and State													
Were you married when you retired? If yes, please provide the information below about your spouse at retirement.		No <input type="checkbox"/>												
		Yes <input type="checkbox"/>												
Spouse's Last Name	Spouse's First Name													
Spouse's Middle Name	Other Name(s) Used													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>				
Spouse's Date of Death, if applicable (PROOF REQUIRED)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>												

2b. Court order related to the participant's benefit

Is there a court order (for example - domestic relations order, divorce decree, child support order, etc.) that requires some or all of your benefit be paid to a spouse, former spouse, child, or		No <input type="checkbox"/>				
		Yes <input type="checkbox"/>				
Date of the order:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>					
Name of alternate payee:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>					

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 have been paying. If another person continues to receive your benefit after your death (**as with a joint-and-survivor or certain-and-continuous annuity**), we will pay the money owed to that person. If there are no continuing benefits or the person designated to receive continuing payments dies before you, PBGC will make any payments owed to 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.

CONTINUE

Designation of Beneficiary (continued)

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%

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
