Tax Election for Payment Not Eligible for

Rollover

PBGC
Protecting America's Pensions

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

INSTRUCTIONS: Use this form to tell PBGC how much federal income tax to withhold from your payment. **Please print clearly with blue or black ink.**

Estate Representative: Use the deceased payee's name, social security number or the estate's employer identification number (EIN) in section 1.

---

1. Information about you or the estate

Last Name	First Name
Middle Name	Your Relationship to Deceased Payee (if applicable)

Social Security Number   Date of Birth **(N/A, if estate)**

Mailing Address	Apartment / Route Number	
City	State	Zip Code

Daytime Phone   Extension   Evening Phone
( )   ( )

---

2. Federal income tax withholding election – Check A, or B or C below (check only one). If you do not choose an option or check more than one option, PBGC will automatically withhold 10% of the payment for federal income tax. If you do not have tax withheld or you do not have enough tax withheld, you may be responsible for any tax liability, interest, and penalties, and may have to make estimated tax payments to the IRS. You may want to consult with the IRS or a tax specialist before you make your withholding election.

A. Do **not** withhold federal income tax from this payment.	☐
B. Withhold $_____.00 from the payment for federal income tax.	☐
C. Withhold 10% (or other ____ %) from the payment for federal Income tax.	☐

Tax Election for Payment Not Eligible for Rollover   **Form 721T, page 2 of 2**
Plan Number: FX.PrismCase.CaseIdNmbr.XF   Participant Name: FX.PrismCust.FullName.XF

3. 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

☐