PBGC Form 705



1.

Beneficiary Application for Pension Benefits

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: 01/15/2021

Date of Plan Termination: FX.PrismCase.DOPT.XF

Participant Name: FX.PrismCust.FullName.XF

INSTRUCTIONS: Please complete this form to ask PBGC to begin payments to you as (1) the beneficiary of a deceased participant who died after retirement, or (2) an alternate payee under a shared payment Qualified Domestic Relations Order (QDRO). For items marked "Proof Required" enclose a legible copy of the appropriate document if you have not already sent it to us. If you have questions, call our Customer Contact Center at 1-800-400-7242. Please print clearly with blue or black ink.

	General information about you							
Mailing Address Apartment / Route Number City State Zip Code Country Email Name of Plan Participant the plan participant: Marriage Proof Required (Certificate or Common Law document) Date of participant's death: Date of participant's death:	Last Name						First Name	
Mailing Address Apartment / Route Number City State Zip Code Country Email Name of Plan Participant the plan participant: Marriage Proof Required (Certificate or Common Law document) Date of participant's death: Date of participant's death:								
Mailing Address Apartment / Route Number City State Zip Code Country Email Name of Plan Participant the plan participant: Marriage Proof Required (Certificate or Common Law document) Date of participant's death: Date of participant's death:			I aci Mai	ПОТСТ	ICBN			
City Country Email Name of Plan Participant the plan participant: Marriage Proof Required (Certificate or Common Law document) Date of participant's death: City State Zip Code		Data	f Divth				Condor	-
Country Email Name of Plan Participant the plan participant: Marriage Proof Required (Certificate or Common Law document) Date of participant's death: Copy of Death Certificate	Mailing Address				Apartm	nent /	['] Route Number	
Name of Plan Participant the plan participant: MARK (ON A Bonefician: The bonefite are from the penalego plan of common Law document) Date of participant's death: Date of participant's death:	City				State		Zip Code	
Name of Plan Participant the plan participant: MARKO ON A Bondicional The bondite are from the pancion plan of company who is deceased Marriage Proof Required (Certificate or Common Law document) Date of participant's death:	Country				Email			
A Parafician: The banefite are from the panaise plan of common Law document) Marriage Proof Required (Certificate or Common Law document) Date of participant's death:	()		x	tongio		الت) -	
Marriage Proof Required (Certificate or Common Law document) Date of participant's death: (Copy of Death Certificate	the plan participan	t:						MARK ONLY ONE
Date of participant's death.				Require	ed (Certific	ate o	or Common Law document)	
B. Alternate payee - I have a Qualified Domestic Relations Order (QDRO) that establishes my	Date of participant's death:		1	1			(Copy of Death Certificate	
Date of ODDO:								
C Other Disease symlete:			•					

CONTINUE ON BACK

_	Plan Number: FX.PrismCase.CaseIdNmbr.XF	-	Participant Name : FX.PrismCust.FullName.XF

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) you designate below. 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.

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

^{*} Complete if person

3. Method of receiving benefit payments. PBGC pays benefits through safe, secure and convenient electronic funds transfer. You will get your payment on time even if you are out-of-town or unable to get to the bank.

If you have a bank account, you can ask us to deposit your benefit payments to your account through Electronic Direct Deposit (EDD).

If you **do not** have a bank account, you can open a low-cost Electronic Transfer Account (ETA) at a financial institution that offers such accounts. For more information about opening an ETA, call 1-888-382-3311 (toll-free) or visit the ETA website at www.eta-find.gov.

Note: PBGC does not transfer funds to financial institutions outside the United States and its territories. *If you live outside the United States or its territories and do not have a U.S bank account, PBGC will send your payment to your mailing address.*

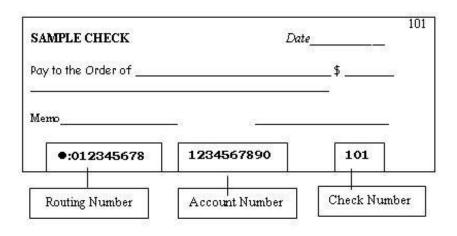
CONTINUE

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

3. Method of receiving benefit payments (continued)

How would you like to receive your payments?	MARK ONLY ONE
A. By EDD or ETA to the account identified on the next page, which must have your name on it.	
B. By mail to my home address, which is printed in section 1 of this form. You may choose this option if EDD or ETA would be difficult or a burden because:	
 You do not have a bank account. You reside in a remote locate that does not have the infrastructure to support electronic fund transfers It is too expensive for you to maintain a bank account 	

Financial institution information – Please provide the information below for PBGC to send your payment directly to a financial institution. The information is available from your financial institution or can be found on your checks and account statements. The sample check below shows the location of your nine-digit routing number and your account number. **If you are unsure of the routing number or your account number, contact your financial institution.** You can cancel or change this arrangement by calling PBGC at 1-800-400-7242. The financial institution can cancel it by sending you a written notice.



All fields required

All licius required					
Name(s) on the Account (Your name must be on the account)					
Routing Number	Account Number - Numbers only	Account	t Type		
		Checking	Savings		

CONTINUE ON BACK

4. Federal Tax Election - Complete this section by selecting only one option – A or B or C. If you the United States, you cannot select Option A. For additional guidance regarding these options a withholding, please read the attached page: <i>Information on Federal Tax Withholding</i> . In generative PBGC to withhold federal income tax from your pension payments, unless you specifical have taxes withheld. If you do not choose an option, if you choose multiple options or if the select is incomplete, we will withhold federal income taxes as if you were a married individuallowances. This means that for the year 2015 we will withhold taxes only if your monthly PE\$1,720 or more.	and federal tax leral, tax laws lly elect not to ne option you ual with three
A. I elect not to have federal income tax withheld. (Available to U.S.	П
OR	1
Single Married Marital Status (DECUMDED) Number of withholding allowance (DECUMDED) Additional of withholding allowance (DECUMDED)	
OR	
C. I elect to have the following amount withheld for federal income tax. The dollar amount or percentage to be withheld OR%	П
Signature – Sign and date this application. Knowingly and willfully making false, fictitious statements to the Pension Benefit Guaranty Corporation is a crime punishable under Title 18, 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	
Please complete the checklist below to ensure that your application form has all the required signatu **A MISSING SIGNATURE OR PROOF DOCUMENT COULD DELA' proof documents before you submit it. **FIRST PAYMENT.** 1. Did you sign and date the application above?	
4. Did you make only one election regarding federal toy withholding and is the election complete?	

Participant Name: FX.PrismCust.FullName.XF

Plan Number: FX.PrismCase.CaseIdNmbr.XF

Information on Federal Tax Withholding

Tax laws require that we withhold federal income tax from your pension payments unless you instruct us to do otherwise. You have three choices. Please read them carefully and make your selection on page 4 of the application. You may choose:

- A. To have PBGC withhold no federal income taxes from your payments (not available if you live outside of the United States).
- B. To have PBGC follow IRS guidance and calculate your withholding.

If you choose this option, you need to tell us if you're married and the number of allowances you claim. It is possible that we will not withhold any federal income tax even if you choose this option – if, for example, your benefit is low or if you claim a large number of allowances. You may increase the amount we withhold by claiming fewer allowances, by having additional money withheld, or by electing option C.

C. To have PBGC withhold the amount or percentage you tell us to withhold each month.

What if not enough taxes are withheld based on your choice?

PBGC withholds taxes based on the election you make when you apply for your pension benefit. If you have other income that would affect the amount of taxes you owe, you may need to pay additional taxes. You may also need to pay penalties to the IRS. You may wish to consult a tax specialist or the IRS about your decision.

What happens if you do not choose any option?

If you do not choose one of the above options, we will withhold federal taxes as if you were a married individual with three allowances. The amount we will withhold depends on your monthly pension.

What if you want to pick a different option later?

You may change your option at any time. To choose a different option, simply call PBGC's Customer Contact Center at 1-800-400-7242. We will then send you a tax withholding form to complete. Depending on when we receive it, we will make the change by the next month or the month after that.

What if you don't live in the United States?

If you live outside the United States, you cannot elect option A. You may be eligible for special tax treatment under a tax treaty with the country you reside in. We will send you additional information after you file this form.

When determining your federal tax withholding, you may find it helpful to read the IRS instructions for completing the IRS Form W-4P (Withholding Certificate for Pension or Annuity Payments). You can print a copy from the IRS Internet site under Forms and Publications at www.IRS.gov

Do not return this page to PBGC