|  |  |  |  |
| --- | --- | --- | --- |
| Logo | **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.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 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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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. 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: |  |  |  |  |

**CONTINUE ON BACK**

Approved OMB 1212-0055

Expires xx/xx/xx

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| --- | --- | --- | --- |
| **Change of Beneficiary for Certain & Continuous (C&C) Benefits Only (Currently Receiving Pension Benefits)** | | | **Form 711, page 2 of 2** |
|  | Plan Number: FX.PrismCase.CaseIdNmbr.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 |