

Designation of Beneficiary for Benefits Owed at Death

PBGC Form 707

(Currently Receiving 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: 01/12/2021

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

Participant Name: FX.PrismCust.FullName.XF

INSTRUCTIONS: Use this form to name your beneficiary. If you have any questions, please call our Customer Contact Center at 1-800-400-7242. Please print clearly with blue or black ink.

 General inf 	ormation abo	ut you									
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Middle Nam	Α		Other Last	· Name(s)	Used						
Social Secu	rity Number 		_								
_Mailing Addr	ess				Ana	rtment / R	oute Nu	mher			
Citv					Stat	е	Zin C	ode			
Country					Fma	ail					
Code.	– Sign and date on Benefit Guar nder penalty of	anty Corpora	tion is a crir	ne punis	hable ur	ider Title	18, Sec	ction 10	01, Uni	ted Sta	tes
SIGNATURE							DATE				
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Approved OMB 1212-0055 Expires xx/xx/xx

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

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

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

^{*} Complete if person

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