



# Designation of Beneficiary

(Not 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.CaseldNmbr.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 designate your beneficiary. To begin receiving benefits, or for other information, call our Customer Contact Center at 1-800-400-7242. **Please print clearly with blue or black ink.**

## 1. General information about you

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

**2. Signature** – Sign and date this document. 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

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Plan Number: FX.PrismCase.CaseldNmbr.XF

Participant Name : FX.PrismCust.FullName.XF

**3. 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) and/or entity(ies) (such as a trust, church, estate or other organization) that you designate below. If you do not make a designation, or if all the beneficiaries you designate below die before you, PBGC will pay any money we owe you 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 _____ 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%

**SIGN & DATE ON PAGE 1 BEFORE SUBMITTING. THANK YOU.**