



Application for Lump-Sum Payment

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	Participant Name: FX.PrismCust.FullName.XF
Plan Number: FX.PrismCase.CaseIdNmbr.XF	
Date Printed: 01/12/2021	
Date of Plan Termination: FX.PrismCase.DOPT.XF	

INSTRUCTIONS: Use this form to request a lump-sum payment if you are a child or dependant pursuant to a Qualified Domestic Relations Order (QDRO). When "proof required" is indicated, please enclose a **copy** of a birth or baptism certificate, or a U.S. Passport, whichever is appropriate, unless you already sent PBGC a copy of this document. If you have questions about other acceptable documents, call our Customer Contact Center at 1-800-400-7242. **Please print clearly with dark ink.**

1. General information about you

Last Name				First Name			
Middle Name				Other Last Name(s) Used			
Social Security Number			Date of Birth (PROOF REQUIRED)			Gender	
[]	[]	[]	[]	[]	[]	[]	[]
Mailing Address					Apartment / Route Number		
City					State	Zip Code	
Country					Province		
Daytime Phone			Extension		Evening Phone		
[]	[]	[]	[]	[]	[]	[]	[]
Name of plan participant:							

2. 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

