



# General Information Form

PBGC Form 702

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: 04/19/2021  
Date of Plan Termination: FX.PrismCase.DOPT.XF

**INSTRUCTIONS:** Please complete this form so that PBGC can determine whether you are entitled to a pension benefit. Note those items marked "Proof Required" and enclose a copy of the appropriate document if you have not already sent it to us. Acceptable documents for proof of age include your birth or baptism certificate, or U.S. Passport; for marriage, a marriage certificate; for proof of death, a death certificate. This is not a benefit application. To begin receiving benefits, or if you have questions about other acceptable documents, call our Customer Contact Center at 1-800-400-7242. **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										Email (optional)											
Daytime Phone										EXTENSION		Evening Phone									

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Approved OMB 1212-0055  
Expires xx/xx/xx

MARK ONLY ONE

Your relationship to person who participated in the plan:																						
<b>A. Self</b> - The benefits are from my pension plan		<input type="checkbox"/>																				
<b>B. Beneficiary</b> - The benefits are from the pension plan of someone who is deceased		<input type="checkbox"/>																				
My relationship to the participant:	Spouse (PROOF REQUIRED) <input type="checkbox"/> Other <input type="checkbox"/>																					
Name of Participant:																						
Date of participant's death:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> (PROOF REQUIRED)																					
<b>C. Alternate payee</b> - I have a Qualified Domestic Relations Order (QDRO) that establishes		<input type="checkbox"/>																				
Name of Participant:																						
Date of QDRO:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
<b>D. Other</b> - Please explain:		<input type="checkbox"/>																				

**2. Participant Information** – Complete this section only if you checked “Self” in section 1.

<b>Are you currently employed?</b> If yes, please provide information below:		No <input type="checkbox"/>																																																												
		Yes <input type="checkbox"/>																																																												
Employer Name:	City and State:																																																													
<b>Were you married when the plan terminated?</b>		No <input type="checkbox"/>																																																												
		Yes <input type="checkbox"/>																																																												
Spouse's Last Name	Spouse's First Name																																																													
Spouse's Middle Name	Other Name(s) Used																																																													
Spouse's Social Security Number	Spouse's Date of Birth	Date of Marriage																																																												
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<b>Is there a Qualified Domestic Relations Order (QDRO) requiring payment of some or all of your</b>		No <input type="checkbox"/>																																																												
		Yes <input type="checkbox"/>																																																												
Date of the QDRO:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																																													
Name of alternate payee:																																																														

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**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 _____ 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%

If you want to change this designation, please call PBGC's Customer Contact Center at 1-800-400-7242.

THANK YOU

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Plan Number: FX.PrismCase.CaseId.Nmbr.XF

Participant Name: FX.PrismCust.FullName.XF

**4. Signature** – You must 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, and 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