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| Logo | **Plan Participation Information** | | **PBGC Form 709** |
| Pension Benefit Guaranty Corporation.  P.O. Box 151750, Alexandria, Virginia 22315-1750 | | **For assistance, call 1-800-400-7242** | |

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| --- | --- | --- |
|  | 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: Please complete this form for PBGC to determine your eligibility for a pension. If you have questions, 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 | | | | | | | | | | | Date of Birth | | | | | | | | | | Gender | | | | | male | | |  | | | |
|  |  |  | **-** |  |  | **-** |  |  |  |  |  |  | **/** |  |  | **/** |  |  |  |  |  | | | | | female | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | | | | | | | Apartment / Route Number | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | State | | | | Zip Code | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | Email (optional) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Daytime Phone | | | | | | | | | | | | | | Extension | | | | Evening Phone | | | | | | | | | | | | | | |
| **(** |  |  |  | **)** |  |  |  | **-** |  |  |  |  | **x** |  |  |  |  | **(** |  |  |  | **)** |  |  |  | | **-** |  | |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of plan participant, if different | Social Security Number | | | | | | | | | | |
|  |  |  | **-** |  |  | **-** |  |  |  |  |

**2. Participant employment information -** Relating to the sponsor of the plan.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employer Name | | | | | | | | | | | | | | | | City and State | | | | | |
| Job Title | | | | | | | | | | | | | | | | Plant or Facility | | | | | |
| Date of Hire | | | | | | | | | | Date Employment Terminated | | | | | | | | | | | Reason for Termination |
|  |  | **/** |  |  | **/** |  |  |  |  |  |  | **/** |  |  | **/** | |  |  |  |  |  | |

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|  | **CONTINUE ON BACK** |  |

Approved OMB 1212-0055

Expires xx/xx/xx

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| --- | --- | --- |
| **Plan Participation Information** | | **Form 709, page 2 of 2** |
|  | Plan Number: FX.PrismCase.CaseIdNmbr.XF | Participant Name: FX.PrismCust.FullName.XF |
|  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Was the plan participant covered by a collective bargaining agreement (union contract) with the employer identified above? If yes, during what period: | | | | | | | | | | | | | | | | | | | No |  |
| Yes |  |
|  | From |  |  | **/** |  |  |  |  |  | To |  |  | **/** |  |  |  |  |  |  | |
|  |  | month | |  | year | | | |  |  | month | |  | year | | | |  |  | |
| Name of Local Union: | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Was the plan participant an hourly paid or a salaried employee? | Hourly | |  | Salary | |  |
| Was the plan participant transferred between hourly and salary? | Yes | |  | No | |  |
| If yes, specify type and date of each transfer: | | | | | | |
| Any breaks in service? | Yes |  | | No |  | |
| If yes, specify the period(s) (from when to when): | | | | | | |
| Please attach any documentation to verify the participant’s employment and/or plan participation. | | | | | | |

**3. 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 |

|  |  |  |
| --- | --- | --- |
|  | **SIGN & DATE BEFORE SUBMITTING. THANK YOU** |  |