



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: 04/07/2021  
Date of Plan Termination: FX.PrismCase.DOPT.XF

Participant Name : FX.PrismCust.FullName.XF

**INSTRUCTIONS:** Please complete this form to have PBGC send your pension benefit payments directly to your bank or other financial institution through electronic direct deposit (EDD). This form may also be used for an Electronic Transfer Account (ETA). **Your name must be on the account.** 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

<b>Plan Name</b> (as shown on check)																					
<b>Last Name</b>												<b>First Name</b>									
<b>Middle Name</b>						<b>Other Last Name(s) Used</b>															
<b>Social Security Number</b>						<b>DBCC Plan Number</b>															
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<b>Mailing Address</b>												<b>Apartment / Route Number</b>									
<b>City</b>												<b>State</b>				<b>Zip Code</b>					
<b>Country</b>												<b>Email</b>									
<b>Daytime Phone</b>												<b>Evening Phone</b>									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>EXTENSION</b>				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
( <input type="text"/> <input type="text"/> )	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>					( <input type="text"/> <input type="text"/> )	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

**CONTINUE ON BACK**

Plan Number: FX.PrismCase.CaseldNmbr.XF

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- 2. Financial institution information** – Please provide the information in this section to have your payment sent directly to a financial institution. The information is available from your financial institution or can be found on your checks, account statement or deposit slip. The sample check below shows the location of your nine-digit routing number and account number. **If you are unsure of the routing number or your account number, contact your financial institution.** You can cancel or change this arrangement by calling PBGC at 1-800-400-7242. The financial institution can cancel it by sending you a written notice.

<b>SAMPLE CHECK</b>		Date _____	101
Pay to the Order of _____		\$ _____	
Memo _____			
●:012345678	1234567890	101	
Routing Number	Account Number	Check Number	

**All fields required**Name(s) on the Account (**Your name must be on the account**)

Routing Number									Account Number – Numbers only				Account Type	
													Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

- 3. Signature** – I hereby authorize PBGC to deposit my pension benefit funds into my account. I understand that I may change this election in the future.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_