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| Logo | **Application for**  **Lump-Sum Payment** | | **PBGC Form 720CD** |
| 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: 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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Last Name | | | | | | | | | | | | | | | | | | | | First Name | | | | | | | | | | | |
| Middle Name | | | | | | | | | | | Other Last Name(s) Used | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Security Number | | | | | | | | | | | Date of Birth **(PROOF REQUIRED)** | | | | | | | | | | Gender | | | | | male | | |  | | |
|  |  |  | **-** |  |  | **-** |  |  |  |  |  |  | **/** |  |  | **/** |  |  |  |  |  | | | | | female | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | | | | | | | Apartment / Route Number | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | State | | | | Zip Code | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | Province | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Daytime Phone | | | | | | | | | | | | | | Extension | | | | Evening Phone | | | | | | | | | | | | | |
| **(** |  |  |  | **)** |  |  |  | **-** |  |  |  |  | **x** |  |  |  |  | **(** |  |  |  | **)** |  |  |  | **-** |  |  | |  |  |

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| Name of plan participant: |

1. **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.

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| **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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Approved OMB 1212-0055

Expires 12/31/15