



Financial Statement of Debtor

PBGC Form 722

Pension Benefit Guaranty Corporation.
P.O. Box 151750, Alexandria, VA 22315-1750

For assistance, call 1-800-400-7242

Plan Name: FX.PrismCase.CaseTitle.XF
Plan Number: FX.PrismCase.CaseIdNbr.XF
Date Printed: 04/07/2021
DOPT: FX.PrismCase.DOPT.XF

Participant Name: FX.PrismCust.FullName.XF
Applicant Name:

INSTRUCTIONS: Please complete this form to request that PBGC reduce or waive repayment of amounts you were overpaid. If you need additional space for any answer, use item 7B. **You must submit a copy of your most recent Federal tax return, including schedules, with this form.** You may also provide any other information that you wish PBGC to consider. **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 | | Gender | | | |
| Mailing Address | | | | Apartment / Route Number | | | |
| City | | | | State | | Zip Code | |
| Country | | | | Email (optional) | | | |
| Daytime Phone | | Evening Phone | | Evening Phone | | | |
| Are you currently married? | | Spouse's Last Name | | Spouse's First Name | | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| Age(s) of Dependent(s), if any | | | | | | | |

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2. Average Monthly Income

| | Self | Spouse |
|---|-----------|-----------|
| A. Monthly Wage / Salary | \$ | \$ |
| B. Social Security Income | \$ | \$ |
| C. Pension Income | \$ | \$ |
| D. Interest, Dividend, Rental or Other Income | \$ | \$ |
| E. Total Monthly Income | \$ | \$ |

3. Average Monthly Expenses

| | |
|---|-----------|
| A. Rent or Mortgage Payment | \$ |
| B. Food | \$ |
| C. Utilities and Heat | \$ |
| D. Medical | \$ |
| E. Other, Including Insurance | \$ |
| F. Monthly Payments on Installment Contracts and other Debts (e.g., car payments, home improvement loans, appliances) | \$ |
| G. Total Monthly Expenses | \$ |

4. Discretionary Income

| | |
|--|----|
| A. Net Monthly Income Less Expenses (Item 2E less Item 3G) | \$ |
| B. Amount you can pay on a monthly basis toward your debt | \$ |

CONTINUE

5. Assets

| | | | |
|--|------|-------|--------------|
| A. Cash in Bank (Checking and savings accounts, other investment accounts, etc.) | | | \$ |
| B. Cash on Hand | | | \$ |
| C. U.S. Savings Bonds (Current Value) | | | \$ |
| D. Stocks and other Bonds (Current Value) | | | \$ |
| E. Real Estate Owned (Resale Value) | | | \$ |
| F. Automobiles | | | |
| Make | Year | Model | Resale Value |
| | | | \$ |
| | | | \$ |
| G. Other Assets (Specify below) | | | |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| H. Total Assets | | | \$ |

6. Installment Contracts and Other Debts -- Show below all debts which you are required to pay, such as payments on a car, television, major appliances, payments to dealers, banks, finance companies; repayment of money borrowed for any purpose, doctor bills, hospital bills, etc. **Do not include living expenses.**

| Name and Address of Creditor | Date and Purpose of Debt | Original Amount of Debt | Unpaid Balance | Amount Due Monthly | Amount Past Due (if any) |
|---|--------------------------|-------------------------|----------------|--------------------|--------------------------|
| A. | | | | | |
| B. | | | | | |
| C. | | | | | |
| D. | | | | | |
| E. Total: | | \$ | \$ | \$ | \$ |
| *Note: If repayment of a debt is not on a monthly basis, enter "0" and describe repayment arrangements in Section 7E. | | | | | |

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7. Additional Data

| |
|---|
| A. Have you ever filed for bankruptcy protection? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, complete items 1 through 4) |
| 1. Date of Bankruptcy Filing |
| 2. Date Discharged from Bankruptcy |
| 3. Location of Court |
| 4. Docket No., if known |
| B. Use this space and additional sheets, if necessary, to supply any pertinent information and to continue your answer to previous items above to which your comments apply. |

8. Signature – You must sign and date this form. 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