



# 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: 04/19/2021  
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
<b>A. Monthly Wage / Salary</b>	\$	\$
<b>B. Social Security Income</b>	\$	\$
<b>C. Pension Income</b>	\$	\$
<b>D. Interest, Dividend, Rental or Other Income</b>	\$	\$
<b>E. Total Monthly Income</b>	\$	\$

**3. Average Monthly Expenses**

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

**4. Discretionary Income**

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

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**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**

<b>A. Have you ever filed for bankruptcy protection?</b> 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>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.</b>

**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