



Designation of Beneficiary for Benefits Owed at Death

(Currently Receiving Pension Benefits)

PBGC Form 707

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: 07/07/2021
 Date of Plan Termination: FX.PrismCase.DOPT.XF
 Participant Name: FX.PrismCust.FullName.XF

INSTRUCTIONS: Use this form to name or change your beneficiary(ies) for payments owed at death. If you have any questions, please call our Customer Contact Center at 1-800-400-7242. **Please print clearly with blue or black ink.**

- 1) If you are receiving a certain-and-continuous annuity, you may not use this form to change your beneficiary for the certain period. You may use PBGC Form 711.
- 2) If you are receiving payments in a joint-and-survivor annuity, you may not change your survivor annuity beneficiary for continuing payments

1. General information about you

Last Name						First Name					
Middle Name						Other Last Name(s) Used					
Social Security Number											
			-						-		
Mailing Address						Apartment / Route Number					
City						State		Zip Code			
Country						Email					
Daytime Phone						Extension		Evening Phone			
()		-				x	
						()		-

2. 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

CONTINUE ON BACK ➔

Approved OMB 1212-0055
Expires _____

(Currently Receiving Pension Benefits)

Plan Number: EX PrismCase CaseIdNmbr XF

Participant Name: EX PrismCust FullName XF

3. Designation of Beneficiary for Payments Owed at Death – PBGC may owe you money at the time of your death.

Typically, this happens if your final benefit is higher than the estimated benefit we had been paying. If another person continues to receive your benefit after your death (**as with a joint-and-survivor or certain-and-continuous annuity**), PBGC will pay any money owed to that person. If there are no continuing benefits or the person designated to receive continuing benefits dies before you, PBGC will pay any money owed you at the time of your death to the person(s) and/or entity(ies) (such as a trust, church, estate or other organization) that you designate in this section. If you do not make a designation, or if all the beneficiaries you designate below die before you, PBGC will pay the money in this order to: your spouse, your children, your parents, your estate, or your next of kin.

I name the following as my beneficiary(ies). This designation replaces any previous designation and will only be effective when PBGC receives it.

Beneficiary(ies)*	Social Security Number**	Date of Birth**	Relationship	Percentage***
Name _____ Address _____ _____ Daytime Tel. No: _____				
Name _____ Address _____ _____ Daytime Tel. No: _____				
Name _____ Address _____ _____ Daytime Tel. No: _____				

***To name more beneficiaries, please list them with requested contact info, DOB and SSN on an attached sheet with your signature.**

**Complete if person.

*** Percentage(s) does not have to be provided.

The amount owed will be distributed equally among beneficiaries unless percentages are provided for each beneficiary and they total 100%. If a beneficiary dies before you, the amount owed will be distributed equally among the remaining beneficiaries.