



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

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 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

Last Name										First Name									
Middle Name					Other Last Name(s) Used														
Social Security Number					Date of Birth (PROOF REQUIRED)					Gender					MALE <input type="checkbox"/>				
															FEMALE <input type="checkbox"/>				
Mailing Address										Apartment / Route Number									
City					State					Zip Code									
Country					Province														
Daytime Phone					Extension					Evening Phone									
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Name of plan participant:																			

2. 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.

I declare under penalty of perjury that all of the information I have provided on this form is true and correct.

SIGNATURE

DATE

Approved OMB 1212-0055
Expires _____