



Application for Elective Lump-Sum Payment - Roth Account

PBGC Form 703MP

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: 12/20/2022
Date of Plan Termination: FX.PrismCase.DOPT.XF
Participant Name: FX.PrismCust.FullName.XF

INSTRUCTIONS: Use this form to request a lump-sum payment. As proof of your date of birth, enclose a copy of your birth or baptism certificate, or U.S. Passport. If you are a deceased participant's spouse, enclose a copy of your marriage certificate if you have not already sent it to us. Please make sure that proof documents are legible before sending to PBGC. If you have questions about other documents we accept as proof, call our Customer Contact Center at 1-800-400-7242. Print clearly with blue or black 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 | |
| <input type="text"/> - <input type="text"/> - <input type="text"/> | | | <input type="text"/> / <input type="text"/> / <input type="text"/> | | | MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> | |
| Mailing Address | | | | Apartment / Route Number | | | |
| City | | | | State | | Zip Code | |
| Country | | | | Province | | | |
| Daytime Phone | | | EXTENSION | Evening Phone | | | |
| (<input type="text"/>) <input type="text"/> - <input type="text"/> x <input type="text"/> | | | | (<input type="text"/>) <input type="text"/> - <input type="text"/> | | | |
| If you are the participant and worked after the date the plan terminated, what year did you stop working for the employer who sponsored your pension plan? | | | | | | Year | |

2a. Marital status – Please complete both 2a. and 2b.

| | | | | | | | |
|--|--|--|--|-------------------------|--|--|--|
| Are you currently married? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| Spouse's Last Name | | | | Spouse's First Name | | | |
| Spouse's Middle Name | | | | Other Last Name(s) Used | | | |
| Spouse's Social Security Number | | | Spouse's Date of Birth | | | Date of Marriage (PROOF REQUIRED) | |
| <input type="text"/> - <input type="text"/> - <input type="text"/> | | | <input type="text"/> / <input type="text"/> / <input type="text"/> | | | <input type="text"/> / <input type="text"/> / <input type="text"/> | |

2b. Court order related to the participant's benefit

| | |
|---|------------------------------|
| Is there a court order (for example - domestic relations order, divorce decree, child support order, etc.) that requires some or all of your benefit be paid to a spouse, former spouse, child, or other dependent? | Yes <input type="checkbox"/> |
| | No <input type="checkbox"/> |

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3. Lump-sum payment election – If you are the participant, you and your spouse have to make an important decision about how your benefit is paid.

Important Information about Your Benefit Choices

You need to decide whether you want to receive your benefit as a single lump-sum payment now or as a monthly annuity benefit at some future date. If you are currently married and want a lump-sum payment, your spouse's consent is needed for PBGC to comply with your election.

If you complete this application and your spouse consents on the next page to your election, PBGC will pay your entire benefit to you in a lump-sum. No future benefits will be payable to you or your spouse. If you would prefer to receive your benefit in a monthly annuity form, *call PBGC and do not submit this application.*

Annuity Benefit Form

At the time that you are eligible to retire, PBGC will pay your benefit as an annuity, generally monthly, for your life. The form of your annuity benefit will depend on your marital status at retirement. If you are married, you will receive a joint-and-survivor benefit unless your spouse consents to your waiver of this form of benefit in writing. The joint-and-survivor form provides a benefit for your life and, if you die before your spouse, at least 50% of your benefit amount will be paid to your spouse for the rest of your spouse's life. To help pay for your spouse's benefits, your payment will most likely be reduced. If your spouse consents to your waiver of the joint-and-survivor benefit, or if you are not married, you may select from a number of PBGC optional benefit forms.

Lump-Sum Payment

You will receive a single payment now of your entire benefit. No future annuity benefits will be payable to you or your spouse.

An example of your choices:

- ***Lump-sum payment:*** Sam elects a lump-sum payment and Carol consents to it (Carol signs in front of a notary public), and Sam receives \$7,000 in the form of a single lump-sum benefit, with interest. No future payments will be payable to Sam or Carol.
- ***Joint-and-50% survivor annuity:*** Sam (age 65) and Carol (age 61) are married when Sam retires. Sam receives a payment of \$260 for the rest of his life. After Sam dies, Carol receives \$130 a month for the rest of her life. If Carol dies first, Sam will continue to receive \$260 a month for the rest of his life.
- ***Other annuity choices:*** If Sam waives a joint-and-survivor annuity when he retires, and Carol consents to his waiver, other annuity benefit forms are available. To learn more about your specific annuity benefit choices, call PBGC at 1-800-400-7242.

CONTINUE 

4. Spousal consent for a participant to receive an elective lump-sum benefit. If you are married and want to receive your benefit in a lump sum or single payment, your spouse must complete this section. Your spouse's consent must be signed in the presence of or acknowledged by a notary public.

By signing below, I consent to my spouse's election to receive his/her benefit in a lump-sum or single payment. My consent is voluntary. I have read and I understand the information provided with this application. In particular, I understand all of the following:

- I have a right not to consent to my spouse's election.
If I do not consent, my spouse's benefit will be paid in the plan's automatic form for married participants. Under that automatic form, if my spouse dies before me, I would receive a benefit equal to at least 50% of my spouse's benefit for the rest of my life.
If I do consent to my spouse's election, I cannot revoke my consent after PBGC makes the payment to my spouse.

SPOUSE'S SIGNATURE (MUST BE NOTARIZED)

DATE

Must be signed by a Notary Public

To be completed by Notary Public:

Subscribed and sworn to before me this _____ day of _____, Year _____

DATE MY COMMISSION EXPIRES

NOTARY PUBLIC NAME

CITY / COUNTY

STATE

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Payment Election (continued)

| | | |
|---|-------|------------------------------|
| D. Rollover Information | | |
| Name of IRA or Plan: | | |
| Type of IRA or Plan: | | |
| <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Qualified retirement plan | | |
| Account Number | | |
| Name of the Institution / Trustee | | Daytime Phone () - |
| Mailing Address | | |
| City | State | Zip Code |

E. Direct Payment Information Only. Complete this section to send your payment directly to your bank.

All fields required

| | | |
|--|-------------------------------|--|
| Name(s) on the Account (Your name must be on the account) | | |
| Routing Number* | Account Number – Numbers only | Account Type |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | Checking <input type="checkbox"/> Savings <input type="checkbox"/> |

***This nine-digit number is on the lower left side of your check.**

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Plan Number: FX.PrismCase.CaseldNbr.XF

Participant Name: FX.PrismCust.FullName.XF

6. Signature – Sign and date this application in the presence of or acknowledged by a Notary Public. 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

To be completed by Notary Public:

Subscribed and sworn to before me this _____ day of _____, Year _____

DATE MY COMMISSION EXPIRES

NOTARY PUBLIC NAME

CITY / COUNTY

STATE