



Application for Lump-Sum Payment - Roth Account

PBGC Form 720MP

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.CaseldNbr.XF
Date Printed:
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 (Copy of 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		
([][][]) [][][] - [][][][][][][]			x [][][][]		([][][]) [][][] - [][][][][][][]		
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	

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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 (<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"/>
Mailing Address		
City	State <input type="text"/> <input type="text"/>	Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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="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"/>	<input type="text"/>	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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Participant Name : FX.PrismCust.FullName.XF

3. 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