



# Application for Elective Lump-Sum Payment

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.CaseldNbr.XF  
Date Printed: 05/08/2024  
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                          |      |
| [ ][ ]-[ ][ ]-[ ][ ][ ][ ][ ][ ]   |  |  | [ ][ ]/[ ][ ]/[ ][ ][ ][ ][ ]  |                         |  | 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 |

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

|  |  |                               |                         |                                   |
|--|--|-------------------------------|-------------------------|-----------------------------------|
| <b>Are you currently married?</b> 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) |
| [ ][ ][ ]-[ ][ ][ ]-[ ][ ][ ][ ][ ][ ]   |  | [ ][ ]/[ ][ ]/[ ][ ][ ][ ][ ] |                         | [ ][ ]/[ ][ ]/[ ][ ][ ][ ][ ]     |

## 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"/>  |

CONTINUE ON BACK

**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 

Plan Number: FX.PrismCase.CaseldNbr.XF

Participant Name: FX.PrismCust.FullName.XF

**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

CONTINUE ON BACK 

5. **Payment Election** – Please read the enclosed *Special Tax Notice Regarding Non-Periodic PBGC Payments*. Be sure you understand the tax implications of having PBGC pay the lump sum directly to you or to an individual retirement arrangement (IRA) or a qualified retirement plan.

**Please elect only one option - A or B or C. If you do not elect an option or if you elect more than one option, PBGC will pay you according to option B.**

**A. Roll over my payment to an IRA or a plan** – Send my entire payment, plus interest, directly to an IRA or a qualified retirement plan. I understand that PBGC will not withhold taxes from my payment.

**B. Pay me directly** – Send the entire payment, plus interest, directly to me. I understand that PBGC **will withhold** 20% of the taxable amount of my payment for federal income tax.

\*Complete Section E if you want the payment to be sent directly to your bank account.

**C. Split my payment** - Send some of the money, plus interest, directly to me, and send some directly to an IRA or a qualified retirement plan, as follows:

1. Send this much directly to me: \$         .  
 I understand that PBGC **will withhold** 20% of the taxable amount for federal income tax.

\*Complete Section E if you want the payment to be sent directly to your bank account.

2. Send this much to an IRA or a qualified retirement plan. \$         .  
 I understand that PBGC **will not withhold** taxes from this part of my payment.

Note: the amount must be at least \$500.

**\*Note:** PBGC does not transfer funds to financial institutions outside the United States and its territories. *If you live outside the United States or its territories and do not have a U.S bank account, PBGC will send your payment to your mailing address.*

If you selected option A or C, complete **Section D** on page 5.

**PLEASE SIGN THE FORM ON PAGE 6.**

CONTINUE 

**Payment Election (continued)**

**D. Rollover Information**

Name of IRA or Plan:

Type of IRA or Plan:

- Traditional IRA
- Roth IRA
- 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.

Provide the information below for PBGC to send your payment directly to your account at a bank or other financial institution. The information is available from your financial institution or can be found on your checks and account statements. The sample check below shows the location of your nine-digit routing number and your account number. If you are unsure of the routing number or your account number, contact your financial institution.

You can change this arrangement by filing a new Form 710 Application for Electronic Direct Deposit. You can cancel this arrangement by notifying PBGC in writing. The financial institution can cancel it by sending you a written notice.

Or Attach a VOIDED check to this application.

|                                    |                |                |
|------------------------------------|----------------|----------------|
| <b>SAMPLE CHECK</b>                |                | Date _____ 101 |
| Pay to the Order of _____ \$ _____ |                |                |
| Memo _____                         |                |                |
| ●:012345678                        | 1234567890     | 101            |
|                                    |                |                |
| Routing Number                     | Account Number | Check Number   |

**Do not complete below if VOIDED check is attached to this application.**

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

Plan Number: FX.PrismCase.CaseldNmbr.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