



Application for Lump-Sum Payment

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"/>

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

Bank or Financial Institution and Account Information

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.

SAMPLE CHECK		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 (Your name must be on the account):			
Routing Number:	Account Number – Numbers only:	Account Type	
<input type="text"/>	<input type="text"/>	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

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