



Application for Payment Not Eligible for Rollover

PBGC Form 721T

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.CaseldNnbr.XF
 Date Printed:
 Date of Plan Termination: FX.PrismCase.DOPT.XF
 Participant Name: FX.PrismCust.FullName.XF

INSTRUCTIONS: Use this form to apply to PBGC for a one-time payment . **Please print clearly with blue or black ink.**

Estate Representative: Use the deceased payee's name, social security number or the estate's employer identification number (EIN) in section 1.

1. Information about you or the estate

Last Name										First Name									
Middle Name										Your Relationship to Deceased Payee (if applicable)									
Social Security Number					Date of Birth (N/A, if estate)														
			-					-					-					-	
Mailing Address										Apartment / Route Number									
City										State					Zip Code				
Daytime Phone					Extension					Evening Phone									
()					x	()					-

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