



Beneficiary Application for Pension Benefits

PBGC Form 705

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

INSTRUCTIONS: Please complete this form to ask PBGC to begin payments to you as (1) the beneficiary of a deceased participant who died after retirement, or (2) an alternate payee under a shared payment Qualified Domestic Relations Order (QDRO). **For items marked "Proof Required" enclose a legible copy of the appropriate document if you have not already sent it to us.** If you have questions, call our Customer Contact Center at 1-800-400-7242. **Please 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		Gender												
[][][] - [][][] - [][][][][]		[][] / [][] / [][][][]		MALE <input type="checkbox"/>												
				FEMALE <input type="checkbox"/>												
Mailing Address			Apartment / Route Number													
City			State	Zip Code												
Country			Email													
Daytime Phone		Extension		Evening Phone												
([][][]) [][][] - [][][][]		x [][][]		([][][]) [][][] - [][][][]												
Name of Plan Participant																
Your relationship to the plan participant:					MARK ONLY ONE											
A. Beneficiary - The benefits are from the pension plan of someone who is deceased.					<input type="checkbox"/>											
<table border="1"> <tr> <td colspan="5">Marriage Proof Required (Certificate or Common Law document)</td> </tr> <tr> <td colspan="3">Date of participant's death:</td> <td colspan="2">[][] / [][] / [][][][]</td> <td colspan="1">(Copy of Death Certificate Required)</td> </tr> </table>					Marriage Proof Required (Certificate or Common Law document)					Date of participant's death:			[][] / [][] / [][][][]		(Copy of Death Certificate Required)	
Marriage Proof Required (Certificate or Common Law document)																
Date of participant's death:			[][] / [][] / [][][][]		(Copy of Death Certificate Required)											
B. Alternate payee - I have a Qualified Domestic Relations Order (QDRO) that establishes my right to receive some or all of a participant's benefits from a pension plan.					<input type="checkbox"/>											
Date of QDRO: [][] / [][] / [][][][]																
C. Other. Please explain:					<input type="checkbox"/>											

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Plan Number: FX.PrismCase.CaseldNmbr.XF

Participant Name : FX.PrismCust.FullName.XF

2. Designation of Beneficiary for payments owed at Death – If there are payments owed to you at the time of your death, PBGC will pay them to the person(s) you designate below. If you do not make a designation, or if all the beneficiaries you designate below die before you, PBGC will pay the money in this order to: your spouse, your children, your parents, your estate, or your next of kin.

Beneficiary(ies)*	Social Security Number**	Date of Birth**	Relationship	Percentage***
Name _____ Address _____ _____ Daytime Tel. No: _____				
Name _____ Address _____ _____ Daytime Tel. No: _____				
Name _____ Address _____ _____ Daytime Tel. No: _____				

***To name more beneficiaries, please list them with requested contact info, DOB and SSN on an attached sheet with your signature.**

**Complete if person.

*** Percentage(s) does not have to be provided.

The amount owed will be distributed equally among beneficiaries unless percentages are provided for each beneficiary and they total 100%. If a beneficiary dies before you, the amount owed will be distributed equally among the remaining beneficiaries.

3. Method of receiving benefit payments. PBGC pays benefits through safe, secure and convenient electronic funds transfer. You will get your payment on time even if you are out-of-town or unable to get to the bank.

If you have a bank account, you can ask us to deposit your benefit payments to your account through Electronic Direct Deposit (EDD).

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.*

CONTINUE 

3. Method of receiving benefit payments (continued)

How would you like to receive your payments?	MARK ONLY ONE
A. By EDD to the account identified below, which must have your name on it.	<input type="checkbox"/>
B. By mail to my home address , which is printed in section 1 of this form. You may choose this option if EDD would be difficult or a burden because: <ul style="list-style-type: none"> • You do not have a bank account. • You reside in a remote locate that does not have the infrastructure to support electronic fund transfers. • It is too expensive for you to maintain a bank account. 	<input type="checkbox"/>

Financial institution 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	

All fields required

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	
												Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

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Participant Name : FX.PrismCust.FullName.XF

4. 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

Please complete this optional checklist below to ensure that your application form has all the required signatures and proof documents before you submit it. ***A MISSING SIGNATURE OR PROOF DOCUMENT COULD DELAY YOUR FIRST PAYMENT.***

1. Did you sign and date the application above?	<input type="checkbox"/>
2. If the participant is deceased, did you enclose a copy of the death certificate?	<input type="checkbox"/>
3. Did you enclose a copy of your marriage certificate or common law document, if applicable?	<input type="checkbox"/>
4. Did you complete and submit IRS Form W-4P to choose your federal tax withholding?	<input type="checkbox"/>