

# **Application for Lump-Sum Payment**

**PBGC Form 720** 

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.CaseIdNmbr.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.** 

Last Name				First Name							
Middle Name	Other Last I	Name(	s) Us	sed		ı					
Social Security Number	Date of Birth (Copy of Proof Re				Required) Gender		Gender	MALE			
	/		1							FEMALE	
Mailing Address				Apartment / Route Number							
City			State Zip Code			Zip Code					
Country				Province							
Daytime Phone	Extension			า	Eveni	ng P	none				
( ) -	x				(		)			-	
If you are the participant and worked a did you stop working for the employer							nat year		Y	'ear	

CONTINUE ON BACK

Approved OMB 1212-0055 Expires \_\_/\_\_/2027

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**2. Payment Election** – Please read the enclosed *Special Tax Notice Regarding Non-Periodic PBGC Payments.* Be sure you understand the tax implications of electing to have 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.	ir	oll over my payment to an IRA or a plan – Send my entire payment, plus terest, directly to an IRA or a qualified retirement plan. I understand that PBGC rill not withhold taxes from my payment.				
B.	u	ay me directly – Send the entire payment, plus interest, directly to me. Inderstand that PBGC will withhold 20% of the taxable amount of my payment tederal income tax.	ior			
		Complete Section E if you want the payment to be sent directly to your bank ccount.				
C.		<b>plit my payment</b> - Send some of the money, plus interest, directly to me, nd 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.	NO LESS THAN \$500			
		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 elected option A or C, complete **Section D** on page 3. **PLEASE SIGN THE FORM ON PAGE 3.** 

CONTINUE

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### **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 Bayment Information C	Inly Complete th	in acction to conditions	aymant directly t	a vour bank			
E. Direct Payment Information O		is section to send your pa	ayment directly to	o your bank.			
Bank or Financial Institution and Accou	int Information						
Provide the information below for PBG. The information is available from your frample check below shows the location routing number or your account number financial institution.	financial institution n of your nine-digit	or can be found on your	checks and acco	ount stateme	nts. The		
		SAMPLE CHECK		Date			
You can change this arrangement by fit 710 Application for Electronic Direct Decancel this arrangement by notifying Plance 1.	Pay to the Order of		<b>*</b>				
The financial institution can cancel it by written notice.	Memo						
		●:012345678	1234567890	1	01		
Or Attach a VOIDED check to this appl	lication.		¥ I				
		Routing Number	Account Numb	er Che	k Number		
		&	8	<u></u>			
Do not complete below if VOIDED	check is attached	d to this application.					
Name(s) on the Account							
(Your name must be on the account	ınt):						
Routing Number:	Account Number – Numbers only:			Account Type			
				Checking	Savings		
<ol> <li>Signature – Sign and date this statements to the Pension Bene 1001, United States Code.</li> <li>I declare under penalty of perjure</li> </ol>	efit Guaranty Cor	poration is a crime pur	nishable under	Title 18, Sed	ction		
SIGNATURE			DATE				