

## **Application for** Lump-Sum Payment

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.

## 1. General information about you

Last Name		Fir	rst Name		
Middle Name	Other Last Name(s) Use	d			
Social Security Number	Date of Birth (Copy of Proc	of Required)	Gender MALE		
	/ /		FEMALE 🛛		
Mailing Address	A	Apartment / Ro	oute Number		
City	S	State	Zip Code		
Country	F	Province			
Daytime Phone Extension Evening Phone					
( ) -	x	(	)		

If you are the participant and worked after the date the plan terminated, what year Year did you stop working for the employer who sponsored your pension plan?

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Approved OMB 1212-0055 Expires \_\_\_\_/2027 Application for Lump-Sum Payment

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Participant Name: FX.PrismCust.FullName.XF

 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.

<b>A</b> .	inte	II over my payment to an IRA or a plan – Send my entire payment, plus erest, directly to an IRA or a qualified retirement plan. I understand that PBC I not withhold taxes from my payment.		
В.	und	<b>y me directly –</b> Send the entire payment, plus interest, directly to me. I derstand that PBGC will withhold 20% of the taxable amount of my payme eral income tax.	, 🗆	
		omplete Section E if you want the payment to be sent directly to your bank count.		
<b>C</b> .	-	<b>lit my payment</b> - Send some of the money, plus interest, directly to me, d 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.	L	
		*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 elected option A or C, complete Section D on page 3. PLEASE SIGN THE FORM ON PAGE 4.



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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

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- Plan Number: FX.PrismCase.CaseIdNmbr.XF
- 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	а	VOIDED	check	to	this	ap	plication.
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SAMPLE CHECK	Da	ite
Pay to the Order of		\$
Memo		8/
•:012345678	1234567890	101

Name(s) on the Account (Your name must be on the acco	unt):			
Routing Number:	Account Number – Numb	pers only:	Accoun	t Type
			Checking	Savings

**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	