| PBGC Protecting America's Pensions | **Withdrawal of Employee Contributions – Non-Spouse Beneficiary** | **PBGC Form 714** |
|---|---|---|

Pension Benefit Guaranty Corporation

**For Assistance Call 1-800-400-7242**

If you are deaf, hard of hearing, or have a speech disability, please dial 7-1-1 to access telecommunications relay services.

Participant Name: FX.PrismCust.FullName.XF
Plan Name: FX.PrismCase.CaseTitle.XF
Plan Number: FX.PrismCase.CaseIdNmbr.XF
Date Printed:
Date of Plan Termination: FX.PrismCase.DOPT.XF

**INSTRUCTIONS**: Please read the cover letter and complete and return this form to have PBGC pay the pension plan contributions of FX.PrismPart.FullName.XF, deceased, to you. If you have questions, call our Customer Contact Center at 1-800-400-7242. **Please print clearly with black or blue ink.**

## Section 1: General Information About You

| **1. Last Name** | **2. First Name** |
|---|---|
| **3. Middle Name** | **4. Other Last Name(s) Used** |

| **5. Social Security Number** | **6. Date of Birth:** MM/DD/YYY |
|---|---|
| ___ - ___ - ____ | __ / __ / ____ |

| **7. Mailing Address** | Apartment / Route Number | |
|---|---|---|
| City | State | Zip Code |
| Country | | |

| **8. Email Address** | |
|---|---|
| **9. Primary Phone**<br>( ___ ) ___ - ____ | **10. Phone Type**<br>☐ Home<br>☐ Mobile |
| **11. Secondary Phone**<br>( ___ ) ___ - ____ | **12. Phone Type**<br>☐ Home<br>☐ Mobile |



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## Section 2. Payment Election – Choose A or B or C or D.

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 employee contributions, plus interest, directly to you or to an **inherited individual retirement account (IRA).**

| Mark One | Select Option A or B or C or D.<br>If you do not elect an option or if you elect more than one option, PBGC will pay you according to option B. |
|---|---|
| ☐ | **Option A: Roll over my payment to an IRA or a plan**<br>Send my entire payment, plus interest, directly to an IRA I designate. I understand that PBGC **will not withhold** taxes from my payment. |
| ☐ | **Option B: Pay me directly**<br>Send my entire payment, plus interest, directly to me. I understand that I **cannot** rollover this amount later to an Inherited IRA, and that PBGC **will withhold 20%** of the taxable amount of my payment for federal income tax.<br><br>*Complete Section 4 if you want the payment to be sent directly to your bank account. |
| ☐ | **Option C: Split my payment**<br>Send some of the money, plus interest, directly to me, and send some directly to the IRA I designate, as follows:<br><br>**1. Send this much directly to me:**<br>$ _____ . __<br><br>I understand that PBGC **will withhold** 20% of the taxable amount for federal income tax.<br>*Complete Section 4 if you want the payment to be sent directly to your bank account.<br><br>**2. Send this much to an Inherited IRA:**<br>$ _____ . __<br>I understand that PBGC **will not withhold** taxes from this part of my payment.<br>Note: the amount must be at least $500. |
| ☐ | **Option D: Split my payment between Taxable and Non-taxable amounts**<br>Send the non-taxable amount directly to me AND the taxable amount to an Inherited IRA I designate. I understand that PBGC **will not withhold** federal income tax from either payment.<br><br>*Complete Section 4 if you want the non-taxable amount to be sent directly to your bank account. |

***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 or D, complete **Section 3**.

**PLEASE SIGN THE FORM ON PAGE 3.**

## Section 3 – Information about your Inherited IRA

| |
|---|
| Name of Receiving Account (Example Tom Smith as beneficiary for John Smith) |
| Account Number |
| Name of the Institution / Trustee |
| Daytime Phone<br>( ___ ) ___ - ____ |



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|---|---|---|

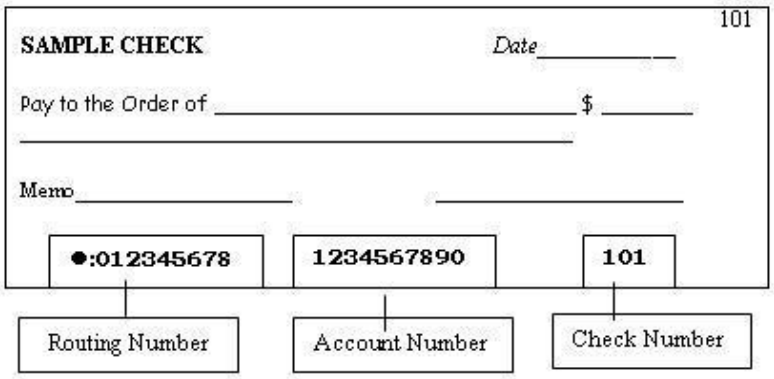
| Mailing Address | | |
|---|---|---|
| City | State | Zip Code |
| | | - |

## Section 4: Direct Payment Information Only.

Complete this section to send your payment directly to your account at a bank or a 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.**




| **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 ☐ | Savings ☐ |

## Section 5: 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 the information I have provided on this form is true and correct.**

_____ _____

**SIGNATURE OF SPOUSE** **DATE**



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