Application for Eligible Rollover Payment – Non-Spouse Beneficiary

PBGC Form 721

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 if you are the beneficiary of a participant who has died and you are not the spouse. Please enclose a legible copy of the death certificate unless you have already sent a copy to PBGC. **Please print clearly with blue or black ink.**

1. Information about you

Last Name	First Name
Middle Name	Your Relationship to Deceased Payee

Social Security Number	Date of Birth
___ - ___ - ____	__ / __ / ____

Mailing Address	Apartment / Route Number	
City	State	Zip Code

Daytime Phone	Extension	Evening Phone
(___) ___ - ____	x ____	(___) ___ - ____

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Approved OMB 1212-0055
Expires __/__/2027

2. Payment Option – Please read the enclosed *Special Tax Notice Regarding Non-Periodic PBGC Payments.* Be sure you understand the tax implications of having PBGC send your lump-sum payment directly to you or to an **inherited individual retirement account (IRA).**

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. **Rollover my payment into an Inherited IRA –** Send my entire payment, plus interest, directly to the inherited (IRA) I designate. I understand that PBGC **will not** withhold federal income tax from the payment. ☐

B. **Pay me directly -** Send the 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 this payment for federal income tax. ☐

*Complete Section D if you want the payment to be sent directly to your bank account.

C. **Split my payment -** Send some of the money directly to me, and send some directly to an IRA as follows: ☐

1. Send this much 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 this payment for federal income tax.

   *Complete Section D if you want the payment to be sent directly to your bank account.

2. Send this much to an inherited IRA. **$** | | | | | | . |

   I understand that PBGC **will not withhold** taxes from this part of my payment to the IRA I designate.
   Note: the amount must be at least $500.00.

   NO LESS THAN $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 3**. **PLEASE SIGN THE FORM ON PAGE 4.**

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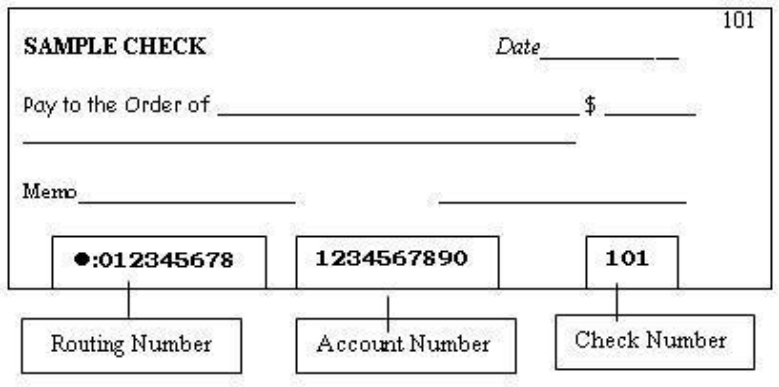
D. **Direct Payment Information Only.** Complete this section to send your payment directly to your bank. Provide the information below for PBGC to send your payment directly to your account at a bank or other financial institution. The information is available from your financial institution or can 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.

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 ☐

3. Information About Your Inherited Individual Retirement Account

Name of Receiving Account **(example – Tom Smith as beneficiary of John Smith)**		
Account Number		
Name of the Institution / Trustee	Daytime Phone (☐☐☐) ☐☐☐ - ☐☐☐☐	
Mailing Address		
City	State ☐☐	Zip Code ☐☐☐☐☐ - ☐☐☐☐

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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