



Designation of Beneficiary

(Not Currently Receiving Pension Benefits)

PBGC Form 708

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: w
Date of Plan Termination: FX.PrismCase.DOPT.XF

Participant Name: FX.PrismCust.FullName.XF

INSTRUCTIONS: Use this form to designate your beneficiary(ies) for payments owed at death. To begin receiving benefits, or for other information, call our Customer Contact Center at 1-800-400-7242. **Please print clearly with blue or black ink.**

Do not use this form to change your beneficiary if you are receiving pension benefits. Use PBGC Form 707.

1. General information about you

Last Name										First Name														
Middle Name					Other Last Name(s) Used																			
Social Security Number																								
			-			-																		
Mailing Address										Apartment / Route Number														
City										State					Zip Code									
Country										Email														
Daytime Phone										Extension					Evening Phone									
(				)			-			x				(			)			-				

2. Signature – Sign and date this document. 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

CONTINUE ON BACK 

Approved OMB 1212-0055
Expires __/__/2027

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Participant Name : FX.PrismCust.FullName.XF

3. 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) and/or entity(ies) (such as a trust, church, estate or other organization) that you designate below. If you do not make a designation, or if all the beneficiaries you designate below die before you, PBGC will pay any money we owe you in this order to: your spouse, your children, your parents, your estate, or your next of kin.

I name the following as my beneficiary(ies). This designation replaces any previous designation and will only be effective when PBGC receives it.

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.

SIGN & DATE ON PAGE 1 BEFORE SUBMITTING. THANK YOU.