Application for Payment Not Eligible for Rollover

PBGC Form 721T

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

INSTRUCTIONS: Use this form to apply to PBGC for a one-time payment . **Please print clearly with blue or black ink.**

Estate Representative: Use the deceased payee's name, social security number or the estate's employer identification number (EIN) in section 1.

1. Information about you or the estate

Last Name	First Name
Middle Name	Your Relationship to Deceased Payee (if applicable)

Social Security Number	Date of Birth **(N/A, if estate)**
- -	- -

Mailing Address	Apartment / Route Number	
City	State	Zip Code

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

Section 2: Bank or Financial Institution Information

PBGC pays benefits through safe, secure and convenient electronic funds transfer to your bank account through Electronic Direct Deposit (EDD).

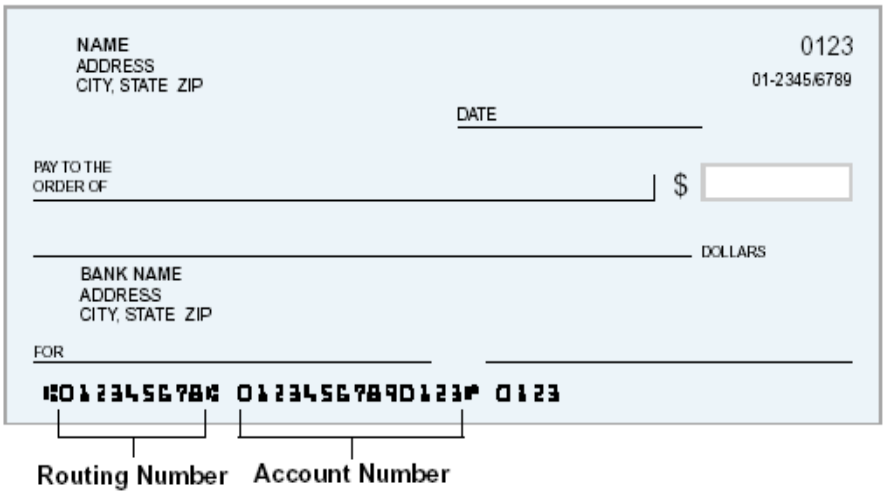
Federal law mandates that all Federal benefit payments must be made electronically. If you do not have a bank account, please consider creating one to receive your PBGC payment. You can find more information at FDIC: GetBanked. (www.fdic.gov/getbanked)

If you are unable to create a bank account or do not have a U.S.-based bank account, contact our call center at 1-800-400-7242 for assistance. International callers from a landline, please call 202-326-4000, and press "0" for a Customer Service Representative.

Attach a voided check to this application or fill in the following information off your check.

CONTINUE

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. 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 _____