# **Designation of Beneficiary**

(Not Currently Receiving Pension Benefits)

PBGC Form 708

PBGC Protecting America's Pensions

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: 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	sed						
Social Security Number								
Mailing Address			Apartment / Route Number					
City			State		Zip Code			
Country				Email				
Daytime Phone Exte			n Eve	ning P	hone			
( ) -	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



Approved OMB 1212-0055 Expires 06/30/2027

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(Not Currently Receiving Pension Benefits)

Plan Number: FX.PrismCase.CaseIdNmbr.XF

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				
Name				

## \*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.