Payee Information Form

PBGC Form 701

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: 04/08/2024
Date of Plan Termination: FX.PrismCase.DOPT.XF

INSTRUCTIONS: You must complete this form to continue receiving pension payments. If you have questions, call our Customer Contact Center at 1-800-400-7242. **Print clearly with blue or black ink.**

1. General information about you

Last Name	First Name
Middle Name	Other Last Name(s) Used

Social Security Number	Date of Birth	Gender	
___ - ___ - ____	__ / __ / ____		MALE ☐ FEMALE ☐

Mailing Address	Apartment / Route Number	
City	State	Zip Code
Country	Email	

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

Your relationship to person who participated in the plan:	MARK ONLY ONE
A. Self – The benefits are from my pension plan	☐
B. Beneficiary - The benefits are from the pension plan of someone who is deceased.	☐
Participant's name: — Relationship ☐ Spouse ☐ Other	
Participant's Social Security Number: ___ - ___ - ____ — Participant's Date of Birth: __ / __ / ____ — Participant's Date of Death: __ / __ / ____	
C. Alternate payee – The benefits are from someone else's pension plan but were assigned to me based on a court order.	☐
Name of Participant:	
Date of order: __ / __ / ____	
D. Other. Please explain:	☐

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2a. Participant Information – Complete this section only if you checked "Self" in section 1. Otherwise, go to Section 3.

Are you currently employed? If yes, please provide information below:	No ☐ Yes ☐
Employer Name:	City and State

Were you married when you retired? If yes, please provide the information below about your spouse at retirement.	No ☐ Yes ☐
Spouse's Last Name	Spouse's First Name
Spouse's Middle Name	Other Name(s) Used

Spouse's Social Security Number	Spouse's Date of Birth	Date of Marriage
___ - ___ - ____	__ / __ / ____	__ / __ / ____
Spouse's Date of Death, if applicable **(PROOF REQUIRED)**		__ / __ / ____

Spouse's Gender: Male ☐ Female ☐

2b. Court order related to the participant's benefit

Is there a court order (for example - domestic relations order, divorce decree, child support order, etc.) that requires some or all of your benefit be paid to a spouse, former spouse, child, or other dependent?	No ☐ Yes ☐
Date of the order:	__ / __ / ____
Name of alternate payee:	

3. Designation of Beneficiary for Payments Owed at Death – PBGC may owe you money at the time of your death. Typically, this happens if your final benefit is higher than the estimated benefit we have been paying. If another person continues to receive your benefit after your death (**as with a joint-and-survivor or certain-and-continuous annuity),** we will pay the money owed to that person. If there are no continuing benefits or the person designated to receive continuing payments dies before you, PBGC will make any payments owed to you at the time of your death to the person(s) and/or entity(ies) (such as a trust, church, estate or other organization) that you designate in this section. If you do not make a designation, or if all the beneficiaries you designate below die before you, PBGC will pay the money 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.

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Designation of Beneficiary (continued)

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.

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**

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