



Pension Benefit Guaranty Corporation

P.O. Box 151750, Alexandria, Virginia 22315-1750

For Assistance Call 1-800-400-7242

If you are deaf, hard of hearing, or have a speech disability, please dial 7-1-1 to access telecommunications relay services.

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

INSTRUCTIONS: Please complete this form to have PBGC send your pension benefit payments directly to your bank or other financial institution through electronic direct deposit (EDD). Your name must be on the account. If you have questions, call our Customer Contact Center at 1-800-400-7242. Please print clearly with black or blue ink.

Section 1: General Information About You

1. Plan Name

2. Last Name

3. First Name

4. Middle Name

5. Other Last Name(s) Used

6. Social Security Number

Grid for Social Security Number with dashes

7. PBGC Plan Number

Grid for PBGC Plan Number

8. Mailing Address

Apartment / Route Number

City

State

Zip Code

Country

9. Email Address

10. Primary Phone

Grid for Primary Phone number

11. Phone Type

- Home
Mobile

12. Secondary Phone

Grid for Secondary Phone number

13. Phone Type

- Home
Mobile



Section 2: Bank or Financial Institution and Account Information

Complete this section 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.

SAMPLE CHECK		Date _____	101
Pay to the Order of _____		\$ _____	
Memo _____			
●:012345678	1234567890	101	
Routing Number	Account Number	Check Number	

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

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Checking

Savings

Section 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 the information I have provided on this form is true and correct.

SIGNATURE _____

DATE _____