



Pension Benefit Guaranty Corporation.  
P.O. Box 151750, Alexandria, Virginia 22315-1750

**For assistance, call 1-800-400-7242**

## PRIVACY ACT NOTICE

The Privacy Act of 1974, as amended, 5 U.S.C. § 552a (2012 & Supp. II 2014) requires PBGC to give you this notice when collecting information from you. PBGC uses the information we collect to determine whether you are entitled to a benefit payment from a retirement plan that has terminated, and if so, to calculate the amount due to you, and to make appropriate benefit payments. The information collected here, including your name, Social Security Number, date of birth, and/or other necessary personally identifiable information (PII), is used by PBGC to identify your records within PBGC, to report income for tax purposes, and to respond to lawful requests for information about you from other individuals and entities. Your response is voluntary. However, failure to provide information to PBGC, including your name, Social Security Number, date of birth, and/or other necessary PII, may delay or prevent PBGC from calculating and paying your benefits.

PBGC may release information about you to other individuals and entities when necessary and appropriate under 5 U.S.C. § 552a(b) of the Privacy Act, including: to third parties to make benefit payments to you; to a company that was responsible for your plan or to entities related to that company; to a labor organization that represents you; to obtain information from the Federal Aviation Administration relevant to a pilot or former pilot's eligibility for a disability benefit; to obtain your address from other sources when PBGC does not have a current or valid address for you; to comply with Federal laws requiring disclosure of the information contained in our records; to facilitate statistical research, audit or investigative matters; to appropriate agencies for the collection of debt; and, to a limited extent to your spouse, former spouse, child, or other dependent when such individual may be entitled to benefits from PBGC.

PBGC may also release information about you to appropriate federal, state, local or tribal law enforcement agencies when PBGC becomes aware of a possible violation of civil or criminal law. If PBGC, an employee of PBGC, the United States, or another agency of the United States, is involved in litigation, PBGC may provide relevant information about you to a court or other adjudicative body or to the Department of Justice when it represents PBGC. PBGC may also provide information about you to the Office of Management and Budget in connection with review of private relief legislation or to a Congressional office in response to an inquiry that office makes about you at your request. This information may also be disclosed for any of the PBGC general routine uses as published in the Federal Register.

PBGC publishes notices in the Federal Register that describe in more detail when information about you may be made available to others. A copy of the most recent Federal Register notice may be obtained online at [PBGC.gov/privacy](http://PBGC.gov/privacy) or by calling PBGC's Customer Contact Center, 1-800-400-7242. If you use a TTY/ASCII, call toll-free 1-800-877-8339 and give the communications assistant PBGC's telephone number. PBGC's authority to collect information from you, including your Social Security Number, is derived from 29 U.S.C. §§ 1055, 1056(d)(3), 1302, 1321, 1322, 1322a, 1341 and 1350 (2012 & Supp. II 2014).

## PAPERWORK REDUCTION ACT NOTICE

The Paperwork Reduction Act of 1995, 44 U.S.C. § 3501, et seq., requires PBGC to give you this notice when collecting information from you. PBGC uses the information we collect, including name, Social Security Number, date of birth, and/or other specific personally identifiable information (PII) necessary, to determine whether you are entitled to a benefit payment from a retirement plan that has terminated, and if so, to calculate the amount due to you, and to make appropriate benefit payments. Your response is voluntary. However, failure to provide information to PBGC, including your name, Social Security Number, date of birth, and/or other necessary PII, may delay or prevent PBGC from determining if you are entitled to a benefit payment, calculating the amount due, and paying the benefit due to you, if so entitled. Certain information provided to PBGC may be disclosable under the Freedom of Information Act, as amended, 5 U.S.C. § 552, and the Privacy Act of 1974, as amended, 5 U.S.C. § 552a.

PBGC estimates that the average burden of complying with the information collection request is about 30 minutes to one hour and an average of \$3.50 where notary services are required to complete a form or application. These are estimates; the actual time and cost will vary depending on the circumstances and type of form or application being made. If you have any comments concerning the accuracy of this estimate or suggestions for improving this information collection, please send your comments to Pension Benefit Guaranty Corporation, Office of the General Counsel, Regulatory Affairs Division, 1200 K Street, NW, Washington, DC 20005-4026. This collection of information has been approved by the Office of Management and Budget (OMB) under control number 1212-0055 (expires 10/31/2021). Under the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.



# 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  
Date Printed: 03/30/2016  
Date of Plan Termination: FX.PrismCase.DOPT.XF

Participant Name: FX.PrismCust.FullName.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 <input type="checkbox"/>   |   | FEMALE <input type="checkbox"/> |                          |
| 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            |
| <b>A. Self</b> – The benefits are from my pension plan  |   |  |   |   |   |                                 | <input type="checkbox"/> |
| <b>B. Beneficiary</b> - The benefits are from the pension plan of someone who is deceased.                                    |   |  |   |   |   |                                 | <input type="checkbox"/> |
| Participant's name:   |   |  |   | Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Other |   |                                 |                          |
| Participant's Social Security Number  |   |  | Participant's Date of Birth                 |   | Participant's Date of Death                 |                                 |                          |
| [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]   |   |  | [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ] [ ] [ ] |   | [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ] [ ] [ ] |                                 |                          |
| <b>C. Alternate payee</b> – The benefits are from someone else's pension plan but were assigned to me based on a court order. |   |  |   |   |   |                                 | <input type="checkbox"/> |
| Name of Participant:  |   |  |   |   |   |                                 |                          |
| Date of order:  |   |  |   | [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ] [ ] [ ]                                 |   |                                 |                          |
| <b>D. Other.</b> Please explain:  |   |  |   |   |   |                                 | <input type="checkbox"/> |

CONTINUE ON BACK

**Payee Information Form**

Plan Number: FX.PrismCase.CaseldNmbr.XF

Participant Name: FX.PrismCust.FullName.XF

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

|  |  |   |                              |   |   |   |  |   |  |  |  |   |  |  |  |   |  |   |  |  |  |  |  |
|--|--|---|------------------------------|---|---|---|--|---|--|--|--|---|--|--|--|---|--|---|--|--|--|--|--|
| <b>Are you currently employed?</b> If yes, please provide information below:   |  |   | No <input type="checkbox"/>  |   |   |   |  |   |  |  |  |   |  |  |  |   |  |   |  |  |  |  |  |
|  |  |   | Yes <input type="checkbox"/> |   |   |   |  |   |  |  |  |   |  |  |  |   |  |   |  |  |  |  |  |
| Employer Name:   |  | City and State  |                              |   |   |   |  |   |  |  |  |   |  |  |  |   |  |   |  |  |  |  |  |
| <b>Were you married when you retired?</b> If yes, please provide the information below about your spouse at retirement.            |  |   | No <input type="checkbox"/>  |   |   |   |  |   |  |  |  |   |  |  |  |   |  |   |  |  |  |  |  |
|  |  |   | Yes <input type="checkbox"/> |   |   |   |  |   |  |  |  |   |  |  |  |   |  |   |  |  |  |  |  |
| 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  |                              |   |   |   |  |   |  |  |  |   |  |  |  |   |  |   |  |  |  |  |  |
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|  |  |   | -                            |   |   |   |  |   |  |  |  |   |  |  |  |   |  |   |  |  |  |  |  |
|  |  | /   |                              | / |   |   |  |   |  |  |  |   |  |  |  |   |  |   |  |  |  |  |  |
|  |  | Date of Marriage  |                              |   |   |   |  |   |  |  |  |   |  |  |  |   |  |   |  |  |  |  |  |
|  |  | <table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td> </tr> </table> |                              |   |   | / |  | / |  |  |  |   |  |  |  |   |  |   |  |  |  |  |  |
|  |  | /   |                              | / |   |   |  |   |  |  |  |   |  |  |  |   |  |   |  |  |  |  |  |
|  |  | Spouse's Date of Death, if applicable (PROOF REQUIRED)  |                              |   |   |   |  |   |  |  |  |   |  |  |  |   |  |   |  |  |  |  |  |
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|  |  | /   |                              | / |   |   |  |   |  |  |  |   |  |  |  |   |  |   |  |  |  |  |  |

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

|  |   |   |                              |   |  |   |  |   |  |  |  |  |  |
|--|---|---|------------------------------|---|--|---|--|---|--|--|--|--|--|
| <b>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?</b> |   |   | No <input type="checkbox"/>  |   |  |   |  |   |  |  |  |  |  |
|  |   |   | Yes <input type="checkbox"/> |   |  |   |  |   |  |  |  |  |  |
| Date of the order:   | <table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td> </tr> </table> |   |                              |   |  | / |  | / |  |  |  |  |  |
|  |   | / |                              | / |  |   |  |   |  |  |  |  |  |
| 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.

CONTINUE 

**Payee Information Form**

Plan Number: FX.PrismCase.CaseldNmbr.XF

Participant Name: FX.PrismCust.FullName.XF

**Designation of Beneficiary (continued)**

| Beneficiary(ies)   | Social Security Number* | Date of Birth* | Relationship | Percentage** |
|--|-------------------------|----------------|--------------|--------------|
| Name _____<br>Address _____<br>_____<br>Daytime Tel. No: _____ |                         |                |              |              |
| Name _____<br>Address _____<br>_____<br>Daytime Tel. No: _____ |                         |                |              |              |
| Name _____<br>Address _____<br>_____<br>Daytime Tel. No: _____ |                         |                |              |              |

\* Complete if person

\*\* Not necessary to provide; if provided, must total 100%

**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