



Application for Electronic Direct Deposit

PBGC Form 710

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 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.



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Plan Name: FX.PrismCase.CaseTitle.XF
Plan Number: FX.PrismCase.CaseldNmbr.XF
Date Printed: 03/30/2016
Date of Plan Termination: FX.PrismCase.DOPT.XF

Participant Name : FX.PrismCust.FullName.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). This form may also be used for an Electronic Transfer Account (ETA). **Your name must be on the account.** 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

Plan Name (as shown on check)		
Last Name	First Name	
Middle Name	Other Last Name(s) Used	
Social Security Number	PBGC Plan Number	
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Mailing Address	Apartment / Route Number	
City	State	Zip Code
Country	Email	
Daytime Phone	EXTENSION	Evening Phone
(<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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Plan Number: FX.PrismCase.CaseldNmbr.XF

Participant Name: FX.PrismCust.FullName.XF

2. Financial institution information – Please provide the information in this section to have your payment sent directly to a financial institution. The information is available from your financial institution or can be found on your checks, account statement or deposit slip. The sample check below shows the location of your nine-digit routing number and account number. **If you are unsure of the routing number or your account number, contact your financial institution.** You can cancel or change this arrangement by calling PBGC at 1-800-400-7242. The financial institution can cancel it by sending you a written notice.

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

All fields required

Name(s) on the Account (Your name must be on the account)											
Routing Number							Account Number – Numbers only			Account Type	
							Checking <input type="checkbox"/>		Savings <input type="checkbox"/>		

3. Signature – I hereby authorize PBGC to deposit my pension benefit funds into my account. I understand that I may change this election in the future.

SIGNATURE

DATE