



Election to Withhold Federal Income Tax from Periodic Payments

PBGC Form 719

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.CaseldNbr.XF
Date Printed: 04/01/2016
Date of Plan Termination: FX.PrismCase.DOPT.XF

Participant Name : FX.PrismCust.FullName.XF

INSTRUCTIONS: Use this form to tell PBGC how much federal income tax to withhold from your monthly or annual payment. If you have questions, call our Customer Contact Center at 1-800-400-7242. **Please print clearly with blue or black ink.**

1. General information about you

Last Name		First Name	
Middle Name		Social Security Number	
		/ /	
Mailing Address		Apartment / Route Number	
City		State	Zip Code
Country		Email	
Daytime Phone () - x		Extension	
Evening Phone () -			

2. Information on Federal tax withholding – Tax laws require that we withhold federal income tax from your pension payments unless you instruct us to do otherwise. You have three choices. Please read them carefully and make your selection on the next page. You may choose:

- A. To have PBGC withhold no federal income taxes from your payments (not available if you live outside of the United States).
- B. To have PBGC follow IRS guidance and calculate your withholding.
If you choose this option, you need to tell us if you are married and the number of allowances you claim. It is possible that we will not withhold any federal income tax even if you choose this option – if, for example, your benefit is low or if you claim a large number of allowances. You may increase the amount we withhold by claiming fewer allowances, by having additional money withheld, or by electing option C.
- C. To have PBGC withhold the amount or percentage you tell us to withhold each month.

What if not enough taxes are withheld based on your choice?

PBGC withholds taxes based on the election you make when you apply for your pension benefit. If you have other income that would affect the amount of taxes you owe, you may need to pay additional taxes. You may also need to pay penalties to the IRS. You may wish to consult a tax specialist or the IRS about your decision.

CONTINUE ON BACK

What happens if you do not choose any option?

If you do not choose one of these options, we will withhold federal taxes as if you were a married individual with three allowances. The amount we will withhold depends on your monthly pension.

What if you want to pick a different option later?

You may change your option at any time. To choose a different option, simply call PBGC's Customer Contact Center at 1-800-400-7242. We will then send you a tax withholding form to complete. Depending on when we receive it, we will make the change by the next month or the month after that.

What if you don't live in the United States?

If you live outside the United States, you cannot elect option A. You may be eligible for special tax treatment under a tax treaty with the country you reside in. We will send you additional information after you file this form.

When determining your federal tax withholding, you may find it helpful to read the IRS instructions for completing the IRS Form W-4P (Withholding Certificate for Pension or Annuity Payments). You can print a copy from the IRS Internet site under Forms and Publications at www.IRS.gov.

Election - In general, tax laws require PBGC to withhold federal income tax from your pension payments, unless you specifically elect not to have taxes withheld. Select only one option - A or B or C.

A. I elect not to have federal income tax withheld. (Available to U.S. residents only.)	<input type="checkbox"/>
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OR

B. I elect to have federal income tax withheld based on IRS instructions. Marital Status (REQUIRED) Single <input type="checkbox"/> Married <input type="checkbox"/> Number of withholding allowances (REQUIRED) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Additional monthly amount to be withheld (optional): \$ <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> .00	<input type="checkbox"/>
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OR

C. I elect to have the following amount withheld for federal income tax. The dollar amount or percentage to be withheld monthly is: \$ <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> .00 OR _____ %	<input type="checkbox"/>
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If you do not choose an option, we will withhold federal income taxes as if you were a married individual with three allowances. This means that for year 2016, we will withhold taxes only if your monthly PBGC benefit is \$1,720 or more.

3. Signature – Sign and date this form.

SIGNATURE

DATE