Certification of Pension Plan Disability Status

PBGC Form 716A
Approved OMB 1212-0055
Expires xx/xx/xxxx

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: 04/16/2026
Date of Plan Termination: FX.PrismCase.DOPT.XF

Participant Name : FX.PrismCust.FullName.XF

INSTRUCTIONS: Please complete and return this form to PBGC within the timeframe indicated in the cover letter. PBGC needs your certification to determine whether to continue paying your current benefit amount. If you have questions, call our Customer Contact Center at 1-800-400-7242. **Please print clearly with dark ink**.

1. General information about you

Last Name	First Name
Middle Name	Other Name(s) Used
Social Security Number ___ - __ - ____	Date of Birth __ / __ / ____
Mailing Address	Apartment / Route Number
City	State / Zip Code
Country	Email (optional)
Daytime Phone (___) ___ - ____	Extension / Evening Phone (___) ___ - ____

2. Certification – Check the box below that describes your current disability status.

☐ I certify that I am still disabled as previously determined under my pension plan.

☐ I certify that effective ___/____/_____ I am no longer disabled as previously determined under my pension plan.

3. Signature – Sign and date this form. 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