

See the 2007 Instructions for Final Premiums for the instructions for Schedule A

SCHEDULE A
(PBOC Form 1)
2007



Single-Employer Plan

Variable Rate Premium
(See Part E for Item-by-Item Instructions)



Approved
OMB 1212-0009
723 237486
PB0646- 996796

Photocopies and downloaded forms may be filed (see instructions).

(a) Plan Year from Form 1 item 12(a): MM DD YYYY **2007** (b) EIN/PN from Form 1 item 3 (a) and (b): 9-digit EIN 3-digit PN

(c) Plan Name: _____

SECTION ONE: FILING METHOD.

1. Check a single box and go to item 2. See Section Five for required certifications.
 (a) General Rule. (b) Alternative Calculation Method (ACM).
 (c) Modified ACM for Plan Terminating in Distress or Involuntary Termination with proposed termination date (on or before the snapshot date) of: MM DD YYYY

SECTION TWO: UNFUNDED VESTED BENEFITS.

2. Present Value of Vested Benefits: Plan Values are determined as of: MM DD YYYY

The assumed retirement age is _____ years. The adjusted values are based on a Required interest Rate of _____ % and an accrual factor of _____

	(a) Plan Value of Vested Benefits (ACM filers only)		(b) Adjusted Value of Vested Benefits
	Value	Interest Rate	
(1) Retirees/beneficiaries receiving payments	_____	_____ %	_____
(2) Participants not receiving payments	_____	_____ %	_____
(3) Total (item(1) plus item (2))	_____		_____

3. Value of Plan Assets: MM DD YYYY
 (a) Enter value of Plan Assets as of _____
 (b) Enter contribution receivables included in item 3(a). _____
 (c) Discounted paid contributions. _____
 (Note: For plans with fewer than 500 participants, this item is optional) _____
 (d) Enter adjusted value of plan assets (item 3(a) minus item 3(b) plus item 3(c)). _____

4. Significant Events (ACM or Modified ACM filers with 500 or more participants only):
 (a) Check each significant event (S.E.) that occurred between the determination date entered in item 2 of this Schedule A and the premium snapshot date (see Part A.7 of instructions (pp. 4-6) for definitions):
 S.E. (1) S.E. (2) S.E. (3) S.E. (4) S.E. (5) S.E. (6) S.E. (7) No Significant Events
 (b) Total amount of adjustment due to significant events (If this amount is negative, please check this box) _____

5. Adjusted Unfunded Vested Benefits: Enter adjusted unfunded vested benefits. (ACM filers see instructions, pp. 41-42, for interest and significant events adjustments.) _____



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EIN/PN from Form 1 item 3 (a) and (b):

EIN

PN

SECTION THREE: VARIABLE-RATE PREMIUM.

7. Variable-Rate Premium: Enter here and on Form 1, item 14(c), either

(a) \$0, if item 5 was \$0, or

(b) the amount in item 5 multiplied by 0.009.

SECTION FOUR: PARTICIPANT NOTICE.

8. Participant Notice Requirement

For the 2006 plan year, a Participant Notice under ERISA section 4011 and 29 CFR Part 4011:

- (1) Was not required to be issued; or (2) Was issued on time and in accordance with all other applicable requirements; or
- (3) An explanation is attached.

SECTION FIVE: CERTIFICATIONS.

9. Certification of Plan Administrator. The plan administrator must sign and complete this item. See instructions, p. 42.

I certify under penalty of perjury, ~~that~~ ^{that all} to the best of my knowledge and belief, the information in this Form 1 (including Schedule A and attachments) is true, correct, and complete.

MM DD YYYY

Signature of Single-Employer Plan Administrator

Date

Print or type first name of individual who signs Print or type last name of individual who signs Business E-mail Address (Optional)

10. Certification of Enrolled Actuary. An Enrolled Actuary must sign and complete the certification below if box 1 (a) is checked, or if the plan has 500 or more participants and box 1 (b) or 1 (c) is checked.

I certify under penalty of perjury, ~~that~~ ^{that} to the best of my knowledge and belief, the information in items 2 through 7 is true, correct, and complete.

MM DD YYYY

Enrollment Number

Signature of Enrolled Actuary

Date

Print or type first name of individual who signs Print or type last name of individual who signs Business E-mail Address (Optional)

Street Address

Telephone Number (Optional)

City

State

Zip Code

and has been determined in accordance with PBGC's premium regulations and instructions.

(a) if box 6(a) is checked, the amount in item 5 multiplied by 0.009; or

(b) if box 6(b) is checked, the lesser of

(1) the amount in item 5 multiplied by 0.009, or

(2) \$5 multiplied by the square of the participant count in item 13, Form 1.

6. Variable-rate premium cap -- check one (see instructions)

(a) The plan is not claiming qualification for the cap on the variable-rate premium for certain plans of small employers (those with 25 or fewer employees).

(b) The plan qualifies for the cap on the variable-rate premium for certain plans of small employers (those with 25 or fewer employees).