



**Post-Distribution Certification
for Standard Termination**

PBGC Form 501

Approved OMB 1212-0036
Expires 09/30/2007

Will be conformed to item 1 of Schedule EA-S.

PART I. IDENTIFYING INFORMATION

1 Plan Name

2 ~~Employer identification and plan numbers~~

3 9-digit employer identification number (EIN)

3 3-digit plan number (PN)

2 8 PBGC case number

3 8-digit Case #

3 7a Last distribution date *in satisfaction of plan benefits* (mo., day, yr.) MM/DD/YYYY

3 7b Date of receipt of IRS determination letter (mo., day, yr.)

5 4 Were participants and beneficiaries provided with the name and address of the insurer(s) no later than 45 days before the date of distribution? (See page 22 of instructions.) Yes No

5 5 Were you able to locate all participants and beneficiaries? If "No," see instructions. Yes No

6 7a Has a copy of the annuity contract, certificate, or written notice been provided to each participant and beneficiary receiving benefits in the form of an irrevocable commitment? Yes No N/A

7b If "Yes," enter date, or latest date, annuity contracts, certificates, or written notices were provided to participants and beneficiaries:

7a 8 Insurer(s) full office name of record, if any, from whom annuity contracts have been purchased. (Address should include room or suite no.)

7b Annuity Contract Number(s)

8a 8 Location of plan records (Address should include room or suite no.)

Name and address of contact for

8b Telephone number

Inserted row; see attached.

revision attached.

9 10 Summary of distribution of plan benefits

Form	(1) # of Participants or Beneficiaries	(2) Total Value
a Annuities		\$
b Lump sums (including direct transfers and distributions to participants and beneficiaries)		
(1) Consensual		\$
(2) Nonconsensual		\$
c Designated benefits paid to PBGC for Missing Participants		\$
d No Distribution		
e TOTAL (see instructions)		\$

PART II. PLAN ADMINISTRATOR CERTIFICATION

I, the Plan Administrator, certify that ~~(1)~~ to the best of my knowledge and belief, benefits payable with respect to participants have been calculated and valued correctly in accordance with applicable provisions of ERISA and the regulations thereunder; ~~(2)~~ to the best of my knowledge and belief, all plan benefits (through priority category 6 under ERISA Section 4044 and 29 CFR Part 4044) under the plan have been satisfied; ~~(3)~~ to the best of my knowledge and belief, plan assets in excess of those needed to satisfy all plan benefits (through priority category 6 under ERISA Section 4044 and 29 CFR Part 4044) have been or will be distributed in accordance with applicable provisions of ERISA and the regulations thereunder; ~~(4)~~ to the best of my knowledge and belief, the information contained in this filing is true, correct, and complete; and ~~(5)~~ I am aware that records supporting the calculation and valuation of benefits and assets must be kept at least six years after the date this post-distribution certification is filed. In executing this document, I certify that the foregoing is true and correct, and recognize that knowingly and willfully making false, fictitious, or fraudulent statements to the PBGC is punishable under 18 U.S.C. 1001.

Plan Administrator's company name and address (Address should include room or suite no.)

Telephone number

E-mail address (optional)

Plan Administrator's signature

Date

Printed Name and title of Plan Administrator

further certify that I

bold

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Revisions to Form 501

Under row with text, "2. PBGC case number," insert row with text, "**PART II. DISTRIBUTION INFORMATION**"

6 Has a copy of the annuity contract, certificate, or written notice been provided to each participant and beneficiary receiving benefits in the form of an irrevocable commitment?

- Yes, enter latest date the annuity contract, certificate, or written notice was provided to participants and beneficiaries: _____ (MM/DD/YYYY)
- No, see instructions
- N/A, see instructions