

NOTICE OF FAILURE TO MAKE REQUIRED CONTRIBUTIONS
PBGC Form 200
Approved OMB #1212-0041
Expires xx/xx/xx

File this form to notify the Pension Benefit Guaranty Corporation of a failure to make required contributions (see ERISA §303(k)(4)(A) and Code §430(k)(4)(A)) to a single-employer plan that is covered under ERISA §4021.

- Do NOT file this form for any other employee benefit plan (e.g., a defined contribution plan).
- Do NOT file this form with the Internal Revenue Service.
- Do NOT file this form UNLESS the plan's funding target attainment percentage is less than 100 percent.
- Do NOT file this form UNLESS the total of unpaid balances of required payments, including interest, exceeds \$1 million.

Part I. General Plan Information

1a Plan Name

b First day of plan year for which this missed contribution was required Month Day Year

2 Plan administrator

Name
Street Address
City, State, Zip
Telephone number

3 Contributing sponsor

Name
Street Address
City, State, Zip
Telephone number

b Employer identification 9-digit EIN _____
and plan numbers 3-digit PN _____

c Different EIN and/or PN 9-digit EIN _____
used in previous filings 3-digit PN _____
with PBGC, DOL, or IRS.
Enter "NA" if not applicable.

4a Is the contributing sponsor in item 3a member of a controlled group? Yes No

b If you checked "YES" to item 4a, identify the contributing sponsor's ultimate parent (if none, enter "none").

Name
Street Address
City, State, Zip
Telephone number
Enter parent's 9-digit EIN

c If you checked "YES" to item 4a, are there any controlled group members other than the one(s) identified in item 3a and/or item 4b? Yes No

d If you checked "YES" to item 4c, submit the name, address, telephone number, and EIN of each controlled group member for which information is not provided in item 3a or item 4b and a description of the structure of the controlled group.

5a Is there more than one contributing sponsor? Yes No

b If you checked "YES" to item 5a, attach a statement listing, to the extent known, the name of each contributing sponsor and the address, telephone number, and EIN (or state there is no EIN) for each contributing sponsor for which this information is not provided in previous items.

6 Authorized contact (if same as individual signing certification in item 12, enter "same").

Name
Street Address
City, State, Zip
Telephone number

Part II. Plan Funding Information

7a Describe the required payment that resulted in the requirement to notify PBGC.

b Due date for the required payment described in item 7a. Month Day Year

8a Total of unpaid balances of required payments (including interest) \$_____ Compute the total amount in accordance with the Appendix to the Form 200 instructions.

b Attach a spreadsheet showing in detail how the amount in item 8a was calculated. See the Appendix to the Form 200 instructions for the required information.

9 Submit the following documentation and information with this form:

a Copy of most recent plan actuarial valuation report;

b Copy of Form 5500, Schedule SB, for most recent plan year for which filed;

- c Copy of any IRS letter(s) granting or modifying a funding waiver;
- d Statement describing any pending request(s) for a funding waiver, including the relief requested.

Part III. Contributing Sponsor & Controlled Group Financial

- 10 Submit the following documentation with this form with respect to the contributing sponsor in item 3a and each other member of the contributing sponsor's controlled group:
 - a Copies of financial statements for the most recent three fiscal years for which available and of the most recent interim financial statements;
 - b Copies of any SEC filings during the past 6 months, including Form 10-K, Form 10-Q, and Form 8-K;
 - c If any member of the controlled group currently is the subject of a bankruptcy, insolvency, receivership, or similar proceeding, copies of any statement of affairs, disclosure statement, and plan of reorganization (or similar filing(s)) and interim financial reports filed in such proceeding.

Part IV. Certifications

- 11 Enrolled Actuary Certification

I certify that, to the best of my knowledge and belief, the information contained in items 7 and 8 of this form is true, correct, and complete and conforms to all applicable laws and regulations. In making this certification, I recognize that knowingly and willfully making false, fictitious, or fraudulent statements to PBGC is punishable under 18 U.S.C. 1001.

Name
Street Address
City, State, Zip
Telephone number
Enrollment number
Company/ Firm
Signature
Date

12 Contributing Sponsor or Parent Certification

I certify that, to the best of my knowledge and belief, the information made available to the enrolled actuary and all other information on this form is true, correct, and complete and conforms to all applicable laws and regulations. In making this certification, I recognize that knowingly and willfully making false, fictitious, or fraudulent statements to PBGC is punishable under 18 U.S.C. 1001.

Name and title

Street Address

City, State, Zip

Telephone number

Name of contributing sponsor or parent

Signature

Date