

Application for Financial Assistance - Initial

Plan Name:

EIN: (ex. 33-3333333) PN: (ex. 333)

Notice Filer Name:

Role of Filer:

IRS Key District (if applicable):

PBGC Case number (if applicable):

Insolvency year for which the Notice is being filed: (YYYY)

Date of request: (MM/DD/YYYY)

Total Amount Requested: \$

Amount for Benefits: \$

Amount for Expenses: \$

Amount of Current Cash on-hand: \$

Current Cash as-of date: (MM/DD/YYYY)