

Notice of Termination

*Required fields

*Mass Withdrawal or
Plan Amendment?

Mass Withdrawal Amendment

Plan name:

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

*Notice filer name:

*Role of filer:

*Date of Termination of Plan
(Freeze date): (MM/DD/YYYY)

Plan Sponsor Information

*Plan sponsor name:

*Address:

*City:

*State:

*Zip Code: (ex. 12345-1234)

*Telephone: (ex. 202-111-1111) Ext.

E-mail address: (ex. aa@a.com)

Fax: (ex. 202-111-1111)

Plan Sponsor's Duly Authorized Representative (if any)

First Name:

Last Name:

Company:

Title:

Address:

City:

State:

Zip Code: (ex. 12345-1234)

Telephone: (ex. 202-111-1111)

Ext.

E-mail address: (ex. aa@a.com)

Fax: (ex. 202-111-1111)

***Contact information for the person who will administer the plan after termination**

Plan Sponsor Duly Authorized Representative Other

Cancel

Save & Next

Notice of Termination

Attached Documents

All documents listed are required filings.

Provide an explanation in the "Comments" box for any missing documents.

Comments:

File: No file chosen

Document Type:

Maximum file size is 25MB. It may take a minute or two to attach large files. Please click only once. To send files larger than 25MB, please click on this link: <http://PBGC.leafyfile.com>, click "Secure Upload", enter the recipient's email address, and follow the prompts. For additional assistance, please contact us at multiemployerprogram@pbgc.gov or 1-800-400-7242 Ext. 6047.

1. Notice of Termination Letter
2. Copy of Plan Document in effect 5 years prior to date of termination and copies of any amendments adopted after that date
3. Copy of Trust Agreement(s) authorizing Plan Sponsor to control and manage the operation and administration of the Plan
4. Copy of most recent AVR and opinion, if any
5. A Statement of Material Change in Plan assets or liabilities, occurring after either the AVR or Form 5500 (submitted with this Notice) was prepared
6. Complete copies of any letters of determination issued by the IRS relating to the establishment of the plan, any letters of determination relating to the disqualification of the plan and any subsequent requalification, and any letters of determination relating to the termination of the plan
7. A Statement of Plan's ability to pay all benefits in pay status during the 12 months period following the date of termination
8. If plan assets on hand are sufficient to satisfy all nonforfeitable benefits under the plan, and if the plan sponsor intends to distribute such assets, a brief description of the proposed method of distributing the plan assets
9. If plan assets on hand are not sufficient to satisfy all nonforfeitable benefits under the plan, the name and address of any employer who contributed to the plan within 3 plan years prior to the date of termination
10. Copy of most recent Form 5500, including Schedules
11. Certification that information and documents submitted are true and correct
12. Other

Data Summary

Notice of Termination

Plan Name - 99-9999999/002

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Plan Filing Information

[Edit](#)

Mass Withdrawal or Plan Amendment?

N/A

Plan name:

Plan Name

EIN / PN:

99-9999999/002

Notice filer name:

██████████

Role of filer:

Accountant

Date of Termination of Plan (Freeze date):

7/1/2018

Plan Sponsor Information

Name:

First and last name

Address:

1200 K St Nw Washington, DC 20005

Phone:

202-326-4000

Email:

N/A

Fax:

N/A

Plan Sponsor's Duly Authorized Representative

Name:

Company:

N/A

Title:

N/A

Address:

Phone:

N/A

Email:

N/A

Fax:

N/A

Contact information for the person who will administer the plan after termination:

N/A

Attached Documents

[Edit](#)

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Comments

N/A