

**Final Notice**

[Date of notice]

Abandoned Plan Coordinator, Office of Enforcement  
Employee Benefits Security Administration  
U.S. Department of Labor  
200 Constitution Ave., NW, Suite 600  
Washington, DC, 20210

|                                |  |
|--------------------------------|--|
| Re: <u>Plan Identification</u> | <u>Qualified Termination Administrator</u> |
| [Plan name and plan number]    | [Name]                                     |
| [Plan account number]          | [Address and e-mail address]               |
| [EIN]                          | [Telephone number]                         |
|                                | [EIN]                                      |

Abandoned Plan Coordinator:

General Information

The termination and winding-up process of the subject plan has been completed pursuant to 29 CFR 2578.1. Benefits were distributed to participants and beneficiaries on the basis of the best available information pursuant to 29 CFR 2578.1(d)(2)(i). Plan expenses were paid out of plan assets pursuant to 29 CFR 2578.1(d)(2)(v).

{Include and complete the next section, entitled "Contact Person," only if the contact person is different from the signatory of this notice.}

Contact Person

|  |
|--|
| [Name]<br>[Address and e-mail address]<br>[Telephone number] |
|--|

{Include and complete the next section, entitled "Expenses Paid to Qualified Termination Administrator," only if fees and expenses paid to the QTA (or its affiliate) exceeded by 20 percent or more the estimate required by 29 CFR 2578.1(c)(3)(v)(B).}

Expenses Paid to Qualified Termination Administrator

The actual fees and/or expenses we received in connection with winding up the Plan exceeded by {insert either: [20 percent or more] or [enter the actual percentage]} the estimate required by 29 CFR 2578.1(c)(3)(v)(B). The reason or reasons for such additional costs are {provide an explanation of the additional costs}.

Other

|                   |
|-------------------|
| <hr/> <hr/> <hr/> |
|-------------------|

Under penalties of perjury, I declare that I have examined this notice and to the best of my knowledge and belief, it is true, correct and complete.

[Signature]  
[Title of person signing on behalf the Qualified Termination Administrator]  
[Address, e-mail address, and telephone number]

Attachment