

*Required fields		
*Plan name:		
*EIN:	(ex. 33-3333333) *PN: (ex. 333)
*Notice filer name:	Zirp Tjzp Caoyl	
*Role of filer:	- select a value - \vee	
Plan Sponsor Information		
*Plan sponsor name:		
*Address:		
*City:		
*State:	- select a state - V	
*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	d Representative (if any)	
First Name:		
Flist Name.	L	
Last Name:		
Last Name:		
Last Name: Company:		
Last Name: Company: Title:		
Last Name: Company: Title:		
Last Name: Company: Title: Address:	- select a state - >	
Last Name: Company: Title: Address: City:	- select a state - > (ex. 12345-1234)	
Last Name: Company: Title: Address: City: State:		
Last Name: Company: Title: Address: City: State: Zip Code:	(ex. 12345-1234)	(ex. aa@a.com)

*Filing for plan year beginning:			
*Is the Plan Terminated?	○ Yes ○ No	If yes, DOPT:	
*Is the Plan Insolvent?	\bigcirc Yes \bigcirc No	If yes, DOI:	
*Did the plan receive withdrawa	al liability payme	nts in the plan year?	\bigcirc Yes \bigcirc No
What forms of withdrawal liability	payments did the	plan receive in the plan year?	
*Lump Sum Settlement Payments:	\bigcirc Yes \bigcirc No	If yes, complete the following:	
Number of employers that have m	nade lump sum se	ttlement payments:	
Total of lump sum settlement pay	ments:	\$	
*Periodic Payments:	\bigcirc Yes \bigcirc No	If yes, complete the following:	
Number of employers making per	iodic payments:		
Total of periodic payments:		\$	
Were any of the periodic payments due to a settlement of withdrawal liability?	○ Yes ○ No	If yes, complete the following:	×
Number of employers making per	iodic payments at	tributable to settlements:	
Total of periodic payments attribut	table to settlemen	ts: \$	
*Number of employers withdrav [include prior plan years]:	vn and not yet as	sessed withdrawal liability	
		< Back	Cancel Save & Next



Withdrawal Liability Information

Attached Documents

For withdrawn employers that have not yet been assessed withdrawal liability, attach document/s described in #1 below.

For withdrawn employers that <u>have</u> been assessed withdrawal liability, attach document/s described in #2 below. Only one subcategory (A, B or C) is required for each withdrawn employer.

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

Comments:

File: Choose File No file chosen

Type: - Select a document type -

Attach

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: <u>http://PBGC.leapfile.com</u>, 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. For each employer that has not yet been assessed withdrawal liability, attach one of the two (A and/or B):

(A) Schedule with the following information [include prior plan years]:

- (i) Name of employer
- (ii) Date of withdrawal
- (iii) Amount of withdrawal liability, if already calculated
- (iv) Reason employer has not yet been assessed withdrawal liability



The attached template may be used.

(B) A statement that there is no change in the information above from what was filed in a previous year.

2. For each employer that has been assessed withdrawal liability, attach one of the three (A, B and/or C):

(A) Schedule of lump sum and periodic payments with the following information:

For lump sum payments:

- (i) Name of employer
- (ii) Amount of payment
- (iii) Date of payment
- (iv) Is the amount of payment included in the assets as of the last valuation date? Y/N
- (v) If yes, provide the date of the last valuation.

For periodic payments:

- (i) Name of employer
- (II) Amount of payment
- (iii) Payment starting date
- (iv) Payment ending date

(v) Frequency of payment (monthly, quarterly, annually)

(vi) Is the employer current on making its payments? Y/N

(vii) If no, provide the date of the last payment received



The attached templates may be used. The first tab is for lump sum payments and the second tab is for periodic payments.

(B) Documents showing withdrawal liability paid. Attach documents containing the information required in the payment information listed in 2(A), such as the employer's withdrawal liability settlement agreement or the employer's withdrawal liability payment schedule established under 29 CFR part 4219.

(C) A statement that there is no change in the employer's withdrawal liability payment for any plan year in which the information required to be filed does not change from the information filed for the previous year.

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Schedule of withdrawn employers that have not yet been assessed withdrawal liability If applicable, enter the following information for each employer that has withdrawn and has not yet been				
110	ppileable, enter the		rawal liability [include prior plan years]	
(i)	(ii)	(iii)	(iv)	
Name of employer(s)	Date of withdrawal (mm/dd/yyyy)	Amount of withdrawal liability, if already calculated	Reason employer has not yet been assessed withdrawal liability	
ABC Company	01/01/2013	\$10,000	Employer is bankrupt	

Schedule of lump sum payments

If applicable, enter the following information for each employer that has been assessed withdrawal liability

(i)	(ii)	(iii)	(iv)	(v)
Name of employer	Amount of payment	Date of payment (mm/dd/yyyy)	Is the amount of payment included in the assets as of the last valuation date? Select "Yes" or "No" from drop-down list	If (iv) is yes, provide the date of the last valuation
ABC Company	\$5,000	01/01/2014	Yes	12/31/2017
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Schedule of periodic payments

If applicable, enter the following information for each employer that has been assessed withdrawal liability

	ter the following morn	1	No.	Service and the service of the servi		1
(i)	<u>(ij)</u>	(iii)	(iv)	(v)	<u>(vi)</u>	<u>(vii)</u>
Name of employer	Amount of payment	Payment starting date (mm/dd/yyyy)	Payment ending date (mm/dd/yyyy)	Frequency of payment Select from drop- down list	is the employer current on making its payments? Select "Yes" or "No" from drop-down list	If (vi) is no, provide the date of the last payment received (mm/dd/yyyy)
ABC Company	\$5,000	01/01/2014	12/31/2034	Annually	No	01/01/2016
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	10				1	
1						
			-			
		-				