

**\*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

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## Notice of Termination

### Attached Documents

[Click here for additional instructions.](#)

All documents listed are required filings for plans terminated by mass withdrawal (information need not be supplied if it duplicates information in the Form 5500, submitted with the notice). For plans terminated by plan amendment, file a copy of the most recent Form 5500, including schedules.

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.leapfile.com>, click "Secure Upload", enter the recipient's email address, and follow the prompts. For additional assistance, please contact us at [multiemployerprogram@pbgc.gov](mailto:multiemployerprogram@pbgc.gov) or 1-800-736-2444 (ext. 3993 or 6047). Local callers may directly dial 202-326-4000 (ext. 3993 or 6047).**

1. Notice of termination cover letter
2. Copy of plan document in effect 5 years before the 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 actuarial valuation for the Plan
5. A statement of material change in Plan assets or liabilities, occurring after either the actuarial valuation 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 before 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

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## Notice of Termination

MEPD Test Pension Plan - 11-1111111/002

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### Plan Filing Information

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#### Mass Withdrawal or Plan Amendment?

Mass Withdrawal

Plan name:

MEPD Test Pension Plan

EIN / PN:

11-1111111/002

Notice filer name:

Zjfh Xceu Rkgsy

Role of filer:

Accountant

Date of termination of Plan (Freeze date):

4/16/2019

#### Plan Sponsor Information

Name:

Asdf jkl;

Address:

Pbgc Washington, DC 20005

Phone:

972-576-5841

Email:

mask@pbgc.gov

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:

Plan Sponsor

### Attached Documents

[Edit](#)

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- Other

**Comments**

No Documents Entered

**PBGC**  
Notice of Termination

**Plan Filing Information**

Plan name: MEPD Test Pension Plan      EIN/PN: 11-1111111/002

Notice filer name: Zjfh Xceu Rkgsy      Role of filer: Accountant

Plan termination type:       Mass Withdrawal     Amendment

Date of termination of plan  
(Freeze date): 16-APR-2019

**Plan Sponsor Information**

Plan sponsor name: Asdf jkl;

Address: Pbgc      City: Washington

State: DC      Zip: 20005

Telephone: (972) 576-5841 Ext:      E-mail: mask@pbgc.gov

Fax:

**Plan Sponsor's Authorized Representative Information**

First name:      Last name:

Company:      Title:

Address:      City:

State:      Zip:

Telephone:      Ext:      E-mail:

Fax:

Contact information of the  
person who will administer the  
plan after termination:       Plan Sponsor     Duly Authorized Representative     Other

**Submission status - Filing not yet submitted**

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**Missing Information** If required information has not been submitted, explain below.

No Documents Entered

**Submission status - Filing not yet submitted**

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