

**NOTICE OF FAILURE TO MAKE
ADDITIONAL CONTRIBUTIONS
UNDER ERISA 4062(e)(4)**

PBGC Form 4062(e)-04
Approved OMB # 1212-____
Expires __/__/20__

This form is used to notify the Pension Benefit Guaranty Corporation of an employer's failure to make an additional contribution pursuant to ERISA section 4062(e)(4). For questions regarding this form, contact (202) 326-4070 or 4062e@pbgc.gov.

Filing date of related PBGC Form 4062(e)-01: __/__/____
Filing date of related PBGC Form 4062(e)-02: __/__/____

IDENTIFYING INFORMATION

Plan name	Name of authorized contact at filer														
Name of filer	Title of contact														
Street address of filer	Email address of contact														
City, State, Zip	Street address of contact														
<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> EIN of contributing sponsor											<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> Plan number				City, State, Zip
	Telephone number of contact	Ext													

CONTRIBUTION INFORMATION

__/ __/ ____
Contribution due date

Contribution amount due

Explain why contribution has not been paid. If additional space is needed, the explanation may be submitted as an attachment.

FILING INFORMATION

__/__/____
 Notice due date

__/__/____
 Notice filing date

If filing is late (i.e. notice filing date is after the notice due date), explain below. If additional space is needed, the explanation may be submitted as an attachment.

CERTIFICATION

I certify that, to the best of my knowledge and belief, the information submitted in this filing is true, correct, and complete. In making this certification, I recognize that knowingly and willfully making false, fictitious, or fraudulent statements to the PBGC is punishable under 18 U.S.C. § 1001.

 Name and title of individual certifying form

 Employer of individual certifying form

 Email address of individual certifying form

 Telephone number of individual certifying form

 Signature of individual certifying form

 Date signed