

**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

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
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EIN of contributing sponsor

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

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