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Appendix A
(Illustration Purposes Only – Official Form to be Developed)

<p align="center">Form PR</p> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Department of the Treasury Internal Revenue Service</p>		<p align="center">Registration for Pooled Plan Provider</p> <p>This filing is required under section 3(44) of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 413 of the Internal Revenue Code</p> <p align="center">Complete all entries in accordance with the instructions</p>		<p>OMB Nos1210-XXXX 1545-XXXXX</p> <p>This Form is Open to Public Inspection</p>
Part I	Filing Type			
Check the appropriate box to indicate filing type (see instructions)				
<input type="checkbox"/> Initial filing <input type="checkbox"/> Supplemental Reportable Event filing <input type="checkbox"/> Amended filing <input type="checkbox"/> Final filing				
Part II	Registration Information			
1a Legal Business and any trade (d/b/a) name of pooled plan provider		1b Pooled plan provider contact telephone number		
		1c Pooled plan provider public website		
1d Mailing address (include room, apt., suite no. and street, or P.O. Box) City or Town, State, or U.S. territory, and Zip Code		1e Pooled plan provider Employer Identification Number (EIN)		
1f Name and mailing address for the primary compliance officer of the pooled plan provider (include room, apt., suite no. and street, or P.O. Box), city or town, state, or U.S. territory, and ZIP code)		1g Compliance officer email address		
		1h Compliance officer telephone number		
1i The agent for service of legal process, and the address at which process may be served on the agent				

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<p>2 Enter the approximate date the pooled plan provider expects to begin operating pooled employer plan(s) (use MM/DD/YYYY format) __/__/__</p>
<p>3 Will the pooled plan provider offer or provide any services or investment products to the pooled employer plans or plan participants and beneficiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answer “Yes”, check each service or product that is being provided through the registrant and/or an affiliate and complete Lines 3a-f to indicate each service or investment product, with a separate entry to indicate each affiliate who provides such service or product. For elements 3a-f, if such services are being provided by the pooled plan provider, enter “registrant” as the first entry in each element.</p>
<p>3a (1) <input type="checkbox"/> Investment management, including selecting plan investment alternatives (2) Enter name, EIN, address of each affiliate providing such service.</p> <p>3b(1) <input type="checkbox"/> Investment advice, including recommending plan investment alternatives (2) Enter name, EIN, address of each affiliate providing such service.</p> <p>3c(1) <input type="checkbox"/> Investment products (propriety funds, annuities, etc.) (2) Enter name, EIN, address of each affiliate providing such service.</p> <p>3d(1) <input type="checkbox"/> Plan administration (2) Enter name, EIN, address of each affiliate providing such service.</p> <p>3e(1) <input type="checkbox"/> Custodial or trustee services (2) Enter name, EIN, address of each affiliate providing such service.</p> <p>3f(1) <input type="checkbox"/> Other (describe) _____ (2) Enter name, EIN, address of each affiliate providing such service and a description of the services.</p>
<p>4a Have there been any federal or state criminal convictions of, or terms of imprisonment served by, the pooled plan provider or any officer, director, or employee of the pooled plan provider in the 10 years preceding the registration related to the provision of services to, operation of, or investments of any employee benefit plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4b If you answer “Yes” to 4a, you must complete elements (1)-(4) in 4b for each such conviction or imprisonment.</p> <p>4b(1) Name of agency other regulatory authority _____ (2) Enter date _____ (3) Enter name of tribunal or court where action proceeded _____ (4) Enter caption and docket or other identifying number _____</p>
<p>5a Are there any ongoing criminal, civil, or administrative proceedings in any court or administrative tribunal by the federal or state government or other regulatory authority against the pooled plan provider, or any officer, director, or employee of the pooled plan provider related to the provisions of services to, operation of, or investments of any employee benefit plan <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5b If you answer “Yes” to 5a, you must complete elements (1)-(4) in 5b for each such conviction, imprisonment, or civil judgment.</p> <p>5b(1) Name of agency other regulatory authority _____ (2) Enter date _____ (3) Enter name of tribunal or court where action is proceeding _____ (4) Enter caption and docket or other identifying number _____</p>
<p>Part III Supplemental Reportable Event Information</p>
<p>6aType of Supplemental Information. Pooled plan providers must (1) report information about each pooled employer plan</p>

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before beginning operations of the plan as a pooled employer plan, and (2) must report any change in the information previously reported or a change in pooled plan provider circumstances within 30 days of the change. Check which information is being reported (See Instructions)

New pooled employer plan Change in information previously reported Other change in circumstances

You may report multiple changes in the same supplemental registration, as long as you meet the timing requirements for reporting each change, including beginning operations of a plan as a pooled employer plan (See instructions)

6b Identify the line items with changed information.

7 Pooled Employer Plan Information. Enter the name and EIN for each pooled employer plan that the registrant will begin operating, and the name, address, and EIN for the trustee for each such plan. Complete as many repeating entries as needed to identify all pooled employer plans. (See instructions)

7a Name of pooled plan _____

7b EIN of pooled plan _____

7c(1) Legal and d/b/a name of trustee for pooled plan. _____

(2) EIN of trustee for pooled plan _____

(3) Enter the date the plan will begin operating as a pooled employer plan _____

(4) Enter the date the plan was terminated and ceased operating as a pooled employer plan _____

8 Change in Pooled Plan Provider Circumstances. Check the appropriate box(es) and enter the date that there has been a material change in the information regarding the pooled plan provider. (See instructions)

8a Merger Enter date: _____

8b Acquisition Enter date: _____

8c Initiation of bankruptcy, receivership, or other insolvency proceeding for the pooled plan provider or an affiliate of the pooled plan provider

8c(1) Enter date of filing _____

(2) Enter name of court where action is proceeding _____

(3) Enter caption and docket number for the proceeding _____

8d Cessation of operations as a pooled plan provider Enter Date _____

8e Received written notice of the initiation of any administrative or enforcement action in any court or administrative tribunal by any federal or state governmental agency or other regulatory authority, related to the provision of services to, operation of, or investments of any pooled employer plan or other employee benefit plan, against the pooled plan provider, or any officer, director, or employee of the pooled plan provider. (See instructions). If you check this box, you must complete lines 8e (1)-(4).

8e(1) Name of agency, state, other regulatory authority taking action _____

(2) Enter date proceeding initiated _____

(3) Enter name of court or other tribunal where action is proceeding _____

(4) Identify caption and docket or other identifying number for the proceeding _____

8f Received written notice of a finding by a federal or state court or governmental agency of fraud or dishonesty related to the provision of services to, operation of, or investments of any pooled employer plan or other employee benefit plan against the pooled plan provider, or any officer, director, or employee of the pooled plan provider. If you check this box, you must complete lines 8f (1)-(4).

8f(1) Name of agency, state, other regulatory authority, or other person taking action _____

(2) Enter date of finding _____

(3) Enter name of court or other tribunal where action is proceeding _____

(4) Identify caption and docket or other identifying number for the proceeding _____

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8g Received written notice of the filing of any federal or state criminal charges against the pooled plan provider or any officer, director, or employee of the pooled plan provider, related to the provision of services to, operation of, or investments of any pooled employer plan or other employee benefit plan. If you check this box, you must complete lines 8g (1)-(4).

8g(1) Name of agency, state, other regulatory authority taking action _____

(2) Enter date proceeding initiated _____

(3) Enter name of court or other tribunal where action is proceeding _____

(4) Identify caption and docket or other identifying number for the proceeding _____

SIGNATURE AND DATE: I hereby acknowledge that the pooled plan provider will serve as the named fiduciary and plan administrator of its pooled employer plans. I also declare under penalties of perjury that I have examined this registration, as well as the electronic version, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign and Date	<p>Sign Here _____</p> <p>Spell Out Name _____</p> <p>Date _____</p>
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Instructions for Form PR (Registration for Pooled Plan Provider)

About the Form PR

The Form PR is used to report information for a person or entity that intends to serve as a pooled plan administrator to pooled employer plans within the meaning of sections 3(44) and 3(43) of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and 29 CFR 2510.3-44.

You must file the Form PR electronically. You cannot file a paper Form PR by mail or other delivery service. Your Form PR will be initially screened electronically. For more information, see the instructions for Electronic Filing Requirement and the Form PR filing system at [insert correct web address/hyperlink].

If you have any questions (such as whether you are required to file this report) or if you need any assistance in completing this report, please call the EBSA Form PR help desk at 202-693-XXXX.

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SECTION 1: WHO MUST FILE

Any person who wishes to serve as a pooled plan provider to one or more pooled employer plans must file Form PR (Registration Statement of Pooled Plan Provider) with the Department of Labor. See ERISA sections 3(43) and 3(44) enacted by the Setting Every Community Up for Retirement Enhancement Act of 2019, Division O of the Further Consolidated Appropriations Act, 2020 (Pub. L. 116-94) (December 20, 2019)

Note. “Person” for these purposes includes corporations, partnerships, and sole proprietorships.

Section 3(44) of ERISA establishes requirements for “pooled plan providers,” including a requirement that a person wishing to so act must register with the Department of Labor and the

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Department of the Treasury. The effective date for these provisions allows “pooled employer plans” to begin operating on January 1, 2021.

Under section 3(2) of ERISA, a pooled employer plan is treated for purposes of ERISA as a single plan that is a multiple employer plan. A “pooled employer plan” is defined in section 3(43) as a plan: (1) that is an individual account plan established or maintained for the purpose of providing benefits to the employees of two or more employers, (2) that is a qualified retirement plan or a plan funded entirely with individual retirement accounts (IRA plan), and (3) the terms of the plan must meet certain requirements set forth in the statute.¹ Specifically, the terms of the plan must –

- designate a pooled plan provider and provide that the pooled plan provider is a named fiduciary of the plan;
- designate one or more trustees (other than an employer in the plan) to be responsible for collecting contributions to, and holding the assets of, the plan, and require the trustee(s) to implement written contribution collection procedures that are reasonable, diligent, and systematic;
- provide that each employer in the plan retains fiduciary responsibility for the selection and monitoring, in accordance with ERISA fiduciary requirements, of the person designated as the pooled plan provider and any other person who is also designated as a named fiduciary of the plan, and, to the extent not otherwise delegated to another fiduciary by the pooled plan provider (and subject to the ERISA rules relating to self-directed investments), the investment and management of the portion of the plan’s assets attributable to the employees of that employer (or beneficiaries of such employees) in the plan;
- provide that employers in the plan, and participants and beneficiaries, are not subject to unreasonable restrictions, fees, or penalties with regard to ceasing participation, receipt of distributions, or otherwise transferring assets of the plan in accordance with applicable rules for plan mergers and transfers;
- require the pooled plan provider to provide to employers in the plan any disclosures or other information that the Secretary of Labor may require, including any disclosures or other information to facilitate the selection or any monitoring of the pooled plan provider by employers in the plan, and require each employer in the plan to take any actions that the Secretary of Labor or pooled plan provider determines are necessary to administer the plan or to allow for the plan to meet the ERISA and Code requirements applicable to the plan, including providing any disclosures or other information that the Secretary of Labor may require or that the pooled plan provider otherwise determines are necessary to administer the plan or to allow the plan to meet such ERISA and Code requirements; and
- provide that any disclosure or other information required to be provided to participating employers may be provided in electronic form and will be designed to ensure only reasonable costs are imposed on pooled plan providers and employers in the plan.

¹ The term “pooled employer plan” does not include a multiemployer plan or plan maintained by employers that have a common interest other than having adopted the plan. The term also does not include a plan established before the date the SECURE Act was enacted unless the plan administrator elects to have the plan treated as a pooled employer plan and the plan meets the ERISA requirements applicable to a pooled employer plan established on or after such date.

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The fidelity bonding requirements in ERISA section 412 apply to fiduciaries and other persons handling the assets of a pooled employer plan, but the maximum bond amount for each such plan official is \$1,000,000 as compared to the \$500,000 maximum that applies in the case of other ERISA-covered plans that do not hold employer securities. See 29 C.F.R. § 2550.412-1, 29 C.F.R. Part 2580; see also Field Assistance Bulletin 2008-04 (providing a general description of statutory and regulatory requirements for bonding).

A “pooled plan provider” with respect to a pooled employer plan is defined in ERISA section 3(44) to mean a person that:

- is designated by the terms of the plan as a named fiduciary under ERISA, as the plan administrator, and as the person responsible to perform all administrative duties (including conducting proper testing with respect to the plan and the employees of each employer in the plan) that are reasonably necessary to ensure that the plan meets the Code requirements for tax-favored treatment and the requirements of ERISA and to ensure that each employer in the plan takes actions as the Secretary or the pooled plan provider determines necessary for the plan to meet Code and ERISA requirements, including providing to the pooled plan provider any disclosures or other information that the Secretary may require or that the pooled plan provider otherwise determines are necessary to administer the plan or to allow the plan to meet Code and ERISA requirements;
- acknowledges in writing its status as a named fiduciary under ERISA and as the plan administrator;
- is responsible for ensuring that all persons who handle plan assets or are plan fiduciaries are bonded in accordance with ERISA requirements; and
- registers as a pooled plan provider.

Filing a true, complete, and correct registration statement, including any required updates, satisfies the requirement under section 3(44) of ERISA to register as a pooled plan provider with the Department of Labor. See section 3(44) of ERISA for other requirements.

SECTION 2: WHEN TO FILE

You must file your initial registration statement no earlier than 90 days and no later than 30 days before beginning operations as a pooled plan provider. See 29 C.F.R. § 2510.3-44(b)(1).

For this purpose, “beginning operations as a pooled plan provider” means publicly marketing services as a pooled plan provider or offering a pooled employer plan. See 29 C.F.R. § 2510.3-44(b)(6).

Before the initiation of operations of a plan as a pooled employer plan with respect to a particular plan, you must supplement your registration statement with the name and EIN for the pooled employer plan, and the name, address, and EIN for the trustee for the plan. If an entity’s first operations as a pooled plan provider will be with respect to a particular plan, the supplemental information required regarding each plan may be combined with the entity’s initial registration.

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You must also supplement your registration statement within 30 days of any changes to previously reported information or of the occurrence of the reportable events described below. See 29 C.F.R. § 2510.3-44(b)(3). You should amend your registration statement within 30 days of discovering an error on your statement, but no later than the date for filing a Form 5500 Annual Return/Report of Employee Benefit Plan (Form 5500), where identifying information about the pooled plan provider, any pooled employer plans it administrators, or any trustees for those plans would conflict with the information required on the Form 5500.

SECTION 3: ELECTRONIC FILING

The Form PR must be filed electronically with the Department of Labor by going to [insert correct title/hyperlink]. Your entries must be in the proper format in order for the electronic system to process your filing. For example, if a question requires you to enter a numerical account number, you cannot enter a word.

To reduce the possibility of correspondence and penalties:

- Complete all lines on the Form PR unless otherwise specified.
- Do not enter “N/A” or “Not Applicable” on the Form PR unless specifically permitted.
- “Yes” or “No” questions on the Form PR cannot be left blank, unless specifically permitted. Answer either “Yes” or “No,” but not both.

Do not enter social security numbers in response to questions asking for an employer identification number (EIN). Because of privacy concerns, the inclusion of a social security number on the Form PR or on an attachment that is open to public inspection may result in the rejection of the filing.

To correct errors and/or omissions on a previously filed Form PR, submit a completed Form PR indicating the filing is an amended report in Part I.

FAILURE TO FILE

You are not permitted to act as a pooled plan provider unless you electronically file and sign a registration statement in accordance with the Department’s regulation at 29 CFR 2510.3-44 and these instructions. You may be liable for breaches of fiduciary duty under ERISA and other state and federal law violations, including for misrepresentation regarding status as a pooled plan provider. The failure to file an update would not automatically result in a conclusion that, by operation of law, the pooled employer plans administered by the pooled plan provider would no longer be single plans and instead, a group of individual plans that use the same arrangement for operating their plans.

IDENTIFYING INFORMATION AND EIN: You must use the same identifying information for the pooled plan provider on Form PR, including name and EIN, on the Form 5500 for each plan the pooled plan provider administers.

SIGNATURE AND DATE

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A person filing to satisfy the conditions of section 3(44) of ERISA and 29 CFR 2510.3-44 must sign this registration statement, indicating that the contents are true and correct to the best of the signer's knowledge. If the pooled plan provider does not electronically sign a filing, the filing status will indicate that there is an error with the filing. With respect to the initial registration, if it is unsigned, the filing will not constitute the required registration statement for such provider to operate a pooled employer plan.

The pooled plan provider or, if the pooled plan provider is an entity, a person authorized to sign on behalf of the pooled plan provider must electronically sign the Form PR submitted to the electronic filing system.

The Form PR must be filed electronically and signed. To obtain an electronic signature, go to [insert correct web address/hyperlink] and register as a signer. You will be provided with a UserID and PIN. Both the UserID and PIN are needed to sign the Form PR. The system will prevent the submission of any filing that does not include all required information. A completed filing will generate an online receipt. The pooled plan provider must keep a copy of the receipt as part of the plan's records as required by section 107 of ERISA.

If you have questions about using or completing the Form PR, please contact the Form PR Help Desk at [insert telephone number].

SECTION 4: LINE-BY-LINE INSTRUCTIONS

Important: "Yes/No" questions must be marked "Yes" or "No," but not both. "N/A" is not an acceptable response unless expressly permitted in the instructions to that line.

Part I-Filing Type. Check the appropriate box to indicate filing type.

Initial filing. This is the registration statement for a person that intends to serve as a pooled plan provider to pooled employer plans. Only one registration must be filed for each person intending to act as a pooled plan provider, regardless of the number of pooled employer plans it operates.

Supplemental reportable event filing. This is to report any reportable event information additional to the initial or the most recent supplemental filing. This includes identifying each plan the pooled plan provider establishes and certain changes in the pooled plan provider's status.

Check "Supplemental Filing" and on Line 6 check the box to identify whether you are reporting information about a new pooled employer plan, a change in information previously reported, e.g., a change in the pooled plan provider's address since the last filing or the identification of a new affiliate providing services to the pooled employer plans operated by the pooled plan provider, or other change in circumstances. If you are correcting a mistake in a previous filing of the Form PR, check the "Amended" filing box.

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Note. The information reported on the Form PR regarding the pooled plan provider and any affiliates providing services to the pooled employer plans operated by the pooled plan provider and on the Forms 5500 filed by the pooled plan provider, as plan administrator on behalf of the pooled employer plans it operates, must match. A mismatch could result in Form 5500 correspondence.

Amended filing. Check “amended filing” only if you are correcting information previously reported on a Form PR you filed; for example, you entered an incorrect name for an affiliate of the pooled plan provider.

Final filing.

Once an entity has terminated operations as a pooled plan provider, including having ceased operating all pooled employer plans, the pooled plan provider must file a final supplemental filing. For purposes of the Form PR, a pooled employer plan would be treated as terminated and having ceased operations for this purpose when a resolution has been adopted terminating the plan, all assets under the plan (including insurance/annuity contracts) have been distributed to the participants and beneficiaries or legally transferred to the control of another plan, and when a final Form 5500 Return/Report has been filed for the plan. The final filing would be due within 30 days of the filing of the last final Form 5500 for the last pooled employer plan the provider operates. A single combined filing may be used to report both that the last pooled employer plan operated by the provider has been terminated and ceased operating and as the final Form PR filing for the pooled plan provider.

CAUTION: Each pooled employer plan operated by the pooled plan provider must have met the conditions for the filing of a final Form 5500 and such return/report must have been filed for each pooled employer plan operated by the pooled plan provider before the pooled plan provider can submit a final filing. See Instructions for the Form 5500.

Part II-Registration Information.

Make sure to use the same identifying information as you use for other state and federal registration and reporting requirements.

Line 1a. Enter the legal name of the person (person includes both individuals and entities) registering as the pooled plan provider. If the person uses a “trade” or “doing business as” name, also enter that name (both the legal and trade (d/b/a) name).

Line 1b. Enter a telephone number where participating employers will be able to reach the pooled plan provider. This does not preclude the pooled plan provider from also providing to participating employers a separate, dedicated telephone contact number for a particular pooled employer plan.

Line 1c. If the pooled plan provider and/or an affiliate uses one or more public websites to market such person as a pooled plan provider to the public or to provide participating employers (regardless of whether there is a registration requirement for full access) with information about

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the pooled employer plans in which they participate, enter the address(es) of such website(s) here.

Line 1d. Enter the business mailing address (include room, apt., suite no., and street; or P.O. Box, city or town, state, and ZIP code).

Line 1e. You must enter the Employer Identification Number (EIN) the pooled plan provider obtained from the Internal Revenue Service (IRS). You must use the same EIN number as the pooled plan provider uses for other federal and state filings, including with the IRS and the U.S. Securities and Exchange Commission (SEC). You must also use this EIN in the plan administrator field for all Forms 5500 filed for the pooled employer plans administered by the pooled plan provider.

Do not enter social security numbers in response to questions asking for an employer identification number (EIN). Because of privacy concerns, the inclusion of a social security number or any portion thereof on the Form PR may result in the rejection of the filing.

Persons wishing to act as pooled plan providers that are without an EIN must apply for one as soon as possible. The EBSA does not issue EINs. To apply for an EIN from the IRS:

- Mail or fax Form SS-4, Application for Employer Identification Number, obtained at <https://www.irs.gov/pub/irs-pdf/fss4.pdf>.
- See <https://www.irs.gov/forms-pubs/about-form-ss-4> for additional information. The EIN is issued immediately once the application information is validated. (The online application process is not yet available for corporations with addresses in foreign countries.)

Lines 1f, 1g, and 1h. Enter the name, mailing address, telephone number, and email address for the primary compliance officer of the pooled plan provider.

Line 1i. Enter the full name of the agent for service of legal process and the address at which process may be served on the agent.

Line 2. Enter the approximate date the pooled plan provider expects to begin operating pooled employer plan(s). (Use MM/DD/YYYY format.)

CAUTION: The date entered here must be no earlier than 90 and no later than 30 days before the date of filing this registration statement.

Line 3. For each plan service or investment product listed in Lines 3a through 3f, indicate whether the pooled plan provider will use itself or an affiliate to operate the plan. Complete as many entries as necessary.

For purposes of the Form PR, the term affiliate includes all persons who are treated as a single employer with the person intending to be a pooled plan provider under section 414(b), (c), (m), or (o) of the Internal Revenue Code and are expected to provide services to pooled employer

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plans sponsored by the pooled plan provider, and any officer, director, partner, employee, or relative (as defined in section 3(15) of the Act) of such person; and any corporation or partnership of which such person is an officer, director, or partner.

Note. The pooled plan provider must serve as the named fiduciary and acknowledge in writing its status as such. The pooled plan provider must acknowledge that it is the plan administrator and responsible for the administration of each pooled employer plan and acknowledge in writing its status as such.

Line 4a. You must answer Line 4a; you may not leave it blank. Answer “Yes,” if there have been any criminal convictions, terms of imprisonment served, or civil judgments against the pooled plan provider or any officer, director, or employee of the pooled plan provider, in the 10 years preceding the registration related to the provision of services to, operation of, or investments of any employee benefit plan in any criminal, civil, or administrative enforcement proceeding by a federal or state agency or other regulatory authority in any federal or state court or administrative tribunal. If you answer “Yes,” you must complete all the elements in Line 4b. For purposes of responding to the Form PR, employees of the pooled plan provider include employees of the pooled employer plan, but only those who handle assets of the plan within the meaning of section 412 of ERISA or who are responsible for the operations or investments.

Line 5a. You must answer Line 5a; you may not leave it blank. Answer “Yes,” if there any pending criminal, civil, or administrative enforcement proceeding, related to the provisions of services to, operation of, or investments of any employee benefit plan, by a federal or state agency or other regulatory authority in any federal or state court or administrative tribunal against the pooled plan provider or any officer, director, or employee of the pooled plan provider.. If you answer “Yes,” you must complete elements in Line 5b.

Part III- Supplemental Reportable Event Information.

You must supplement your registration statement by reporting information about each pooled employer plan before beginning operations as a pooled employer plan. You must also supplement your registration statement by reporting any change in the information previously reported or other change in pooled plan provider circumstances within 30 days of the occurrence of the change or of the reportable events described below. You may file a single supplement to your Form PR to report multiple simultaneous changes, e.g., beginning to operate two or more pooled employer plans, or to report a change that applies to the pooled plan provider with respect to all pooled employer plans it operates.

Line 6. Type of Supplemental Information. Check the box to identify whether Part III includes information about a new pooled employer plan, any change in information previously reported, or a change in pooled plan provider circumstances. Make sure that all the information in the Form PR you are submitting is up to date.

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To correct information in a previously filed Form PR, check the “Amended” filing box, along with correcting the information.

Line 7. Pooled Employer Plan Information. Complete as many repeating entries as necessary to identify each pooled employer plan that the pooled plan provider begins operating. In elements a and b, respectively, enter the name and EIN for each pooled employer plan. In elements c(1) and c(2), respectively, enter the name, address and the EIN for the trustee(s) for the pooled employer plans operated by the pooled plan provider. In element c(3) enter the date the plan began operating as a pooled employer plan. Complete as many repeating entries as needed to identify all pooled plans administered by the registrant pooled plan provider and their trustees. In element c(4) enter the date the plan terminated and ceased operating as a pooled employer plan.

CAUTION: You must use the same names, EINs, and other identifying information provided regarding any pooled employer plan as is provided on the Forms 5500 for such plans. Failure to use consistent identifying information on this form and the Forms 5500 for any pooled employer plan for which you serve as the pooled plan provider could result in correspondence from the Department of Labor or the Internal Revenue Service.

Line 8. Change in Pooled Plan Provider Circumstances. Check the appropriate box(es) and enter all the requested information. Use as many repeating entries to enter all the required information. For example, if more than one action has been initiated, complete an entry for each action.

Line 8a. If there has been a merger between the pooled plan provider and another entity, enter the date of the merger and identify the parties involved in the transaction.

Line 8b. If there has been an acquisition by or of the pooled plan provider, enter the date of the acquisition and identify the parties to the transaction.

Line 8c. If the pooled plan provider (or any affiliates) involved in the operations of or providing services to the pooled employer plan files for bankruptcy or receivership of the pooled plan provider enter date of filing, enter name of court where action is proceeding, and enter caption and docket number for the proceeding.

Line 8d. Enter the date the pooled plan provider ceased operations.

Line 8e. You must complete Line 8e upon receiving written notice that there has been an initiation of any administrative enforcement action in any court or administrative tribunal by any federal or state government agency or other regulatory authority against the pooled plan provider or any officer, director, or employee of the pooled plan provider, related to the provision of services to, operation of, or investments of any pooled employer plan or other employee benefit plan.

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Line 8f. You must complete Line 8f upon receiving written notice of a finding by a federal or state court or governmental agency of fraud or dishonesty against the pooled plan provider or any officer, director, or employee of the pooled plan provider, related to the provision of services to, operation of, or investments of any pooled employer plan or other employee benefit plan.

Line 8g. You must complete Line 8g upon learning that any criminal charges have been filed in any federal or state court against the pooled plan provider or any officer, director, or employee of the pooled plan provider, related to the provision of services to, operation of, or investments of any pooled employer plan or other employee benefit plan.

PAPERWORK REDUCTION ACT NOTICE

We ask for the information on this form to carry out the law as specified in ERISA sections 3(43) (29 USC 1002(43)) and 3(44) (29 USC 1002(44)). You are required to give us the information if you wish to operate as a pooled plan provider. We need it to determine whether the pooled plan provider is eligible to operate as such under ERISA and the Code. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or its instructions must be retained as long as their contents may become material in the administration of the Internal Revenue Code or are required to be maintained pursuant to ERISA.

Generally, filings on Form PR (Registration Statement for Pooled Plan Providers) are open to public inspection and are subject to publication on the Internet. You are not required to respond to this collection of information unless it displays a current, valid OMB control number. The average time needed to complete and file the form is estimated below. These times will vary depending on individual circumstances.

The estimated average time to complete are as follows:

Initial filing: 45 minutes
Supplemental filing: 30 minutes
Amended filing: 30 minutes
Final filing: 30 minutes

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to: U.S. Department of Labor, Office of Policy and Research, Attention: PRA Official, 200 Constitution Avenue, N.W., Room N-5711, Washington, DC 20210 and reference Form PR (Registration Statement for Pooled Plan Providers). Do not send this form to this address. The forms and schedules must be filed electronically. See How To File—Electronic Filing Requirement.

OMB Control Numbers

Agency

OMB Number

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Employee Benefits Security Administration.....1210 –
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