



# ADVANCE NOTICE OF REPORTABLE EVENTS

PBGC Form 10-Advance  
OMB #1212-0013  
Expires xxxx

This form is used by a contributing sponsor of a single-employer plan required to notify the Pension Benefit Guaranty Corporation in advance that a reportable event will occur. For questions regarding this form, contact (202) 326-4070 or

## IDENTIFYING INFORMATION

Plan Name

Name / title of individual to contact at Filer

Name of contributing sponsor

Email address of contact

Street address of contributing sponsor

Street address of contact

City, state, Zip

City, State, Zip

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EIN of contributing sponsor

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Plan number

Telephone number of contact

Ext

## REPORTABLE EVENTS

See instructions for descriptions of these events. Check all boxes that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Change in controlled group                 | <input type="checkbox"/> Application for minimum funding waiver |
| <input type="checkbox"/> Liquidation                                | <input type="checkbox"/> Loan Default                           |
| <input type="checkbox"/> Extraordinary dividend or stock redemption | <input type="checkbox"/> Insolvency or similar settlement       |
| <input type="checkbox"/> Transfer of benefit liabilities            |   |

## BRIEF DESCRIPTION

Briefly describe the pertinent facts relating to each event.

The next page lists additional information that must be submitted with this form, if not included above.

**INFORMATION REQUIRED TO BE FILED**

, explain on next page.

**Change in Controlled Group**

- Description of the plan's old and new controlled group structures, including the name of each controlled group member
- Name of each plan maintained by any member of the plan's old and new controlled groups, its contributing sponsor(s) and EIN/PN
- Actuarial Information (see instructions)
- Company financial information (see instructions)

**Liquidation**

- Description of the plan's old and new controlled group structure, including the name of each controlled group member
- Operational status of each controlled group member (in Chapter 7 proceedings, liquidation outside of bankruptcy, on-going, etc.)
- Name of each plan maintained by any number of the plan's controlled group, its contributing sponsor(s) and EIN/PN
- Actuarial Information (see instructions)
- Company financial information (see instructions)
- If the plan sponsor resolves to cease all revenue-generating business operations, sell substantially all its assets, or otherwise effect or implement its complete liquidation, provide:
  - Date on which such resolution was made
  - Most recent pension plan document(s)
  - Address of each controlled group member
  - The Internal Revenue Service Determination Letter indicating the plan is a covered plan, if applicable

**Extraordinary Dividend or Stock Redemption**

- Name and EIN of person making the distribution
- Date and amount of cash distribution(s) during fiscal year
- Description, fair market value, and date or dates of any non-cash distributions
- Statement whether the recipient was a member of the plan's controlled group
- Actuarial Information (see instructions)
- Company financial information (see instructions)

**Application for Minimum Funding Waiver**

- Copy of waiver application, with all attachments
- Minimum funding projections for the next 5 years (with and without the waiver) including all details supporting the calculations and all assumptions, to the extent not included in the waiver application

**Transfer of Benefit Liabilities**

- Name, contributing sponsor, EIN/PN, and contact information of transferee plan(s)
- Description of the transferor and transferee's controlled group structures, including the name of each controlled group member
- Explanation of the actuarial assumptions used in determining the value of benefit liabilities (and, if appropriate, plan assets) transferred
- Estimate of the assets, liabilities, and number of participants whose benefits are transferred
- Actuarial Information (see instructions)
- Financial Information for the transferor and transferee's controlled group (see instructions)

Note: To the extent this information is filed with the IRS Form 5310A, PBGC will accept a copy of that filing.

**Loan Default**

- Copy of the relevant loan documents (e.g., promissory note, security agreement, loan agreement amendments and waivers)
- Due date and amount of any missed payment
- Copy of any written notice of default or acceleration from lender, any notice of forbearance, or loan agreement amendment or waiver
- Description of any cross-defaults or anticipated cross-defaults
- Description of the plan's controlled group structure, including the name of each controlled group member
- Company financial Information (see instructions)
- Actuarial Information (see instructions)

**Insolvency or Similar Settlement**

- Name, address and phone number of any trustee, receiver or similar person
- Docket number of court filing and location of the court where any relevant proceeding was or will be filed (if known)
- Description of the plan's controlled group structure, including the name of each controlled group member
- Name of each plan maintained by any member of the plan's controlled group, its contributing sponsor(s) and EIN/PN
- Actuarial Information (see instructions)
- Company financial Information (see instructions)

**MISSING INFORMATION**

If all the required information has not been submitted with this Form 10-Advance, you must explain below.

**FILING INFORMATION**

\_\_\_\_\_  
Date of Event

\_\_\_\_\_  
Notice Due Date

\_\_\_\_\_  
Notice Filing Date (if late, explain below)

\_\_\_\_\_  
Filing Extension Claimed (if any, explain below)

**REASON FOR LATE FILING OR EXTENSION CLAIMED**

**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.

\_\_\_\_\_  
Signature of Individual Submitting Form

\_\_\_\_\_  
Name and Title of Individual Submitting Form

\_\_\_\_\_  
Telephone Number of Individual Submitting Form

\_\_\_\_\_  
Employer of Individual Submitting Form