

**Notification of Plan Abandonment and Intent to Serve as Qualified Termination Administrator**

[Date of notice]

Abandoned Plan Coordinator, Office of Enforcement  
 Employee Benefits Security Administration  
 U.S. Department of Labor  
 200 Constitution Ave., NW, Suite 600  
 Washington, DC, 20210

Re: Plan Identification	Qualified Termination Administrator
[Plan name and plan number]	[Name]
[EIN]	[Address]
[Plan account number]	[E-mail address]
[Address]	[Telephone number]
[Telephone number]	[EIN]

Abandoned Plan Coordinator:

Pursuant to 29 CFR 2578.1(b), we have determined that the subject plan is or may become abandoned by its sponsor. We are eligible to serve as a Qualified Termination Administrator for purposes of terminating and winding up the plan in accordance with 29 CFR 2578.1, and hereby elect to do so.

We find that the {check the appropriate box below and provide additional information as necessary}:

There have been no contributions to, or distributions from, the plan for a period of at least 12 consecutive months immediately preceding the date of this letter. Our records indicate that the date of the last contribution or distribution was {enter appropriate date}.

The following facts and circumstances suggest that the plan is or may become abandoned by the plan sponsor {add description below}:

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We have also determined that the plan sponsor {check appropriate box below}:

No longer exists

Cannot be located

Is unable to maintain the plan

We have taken the following steps to locate or communicate with the known plan sponsor and have received no objection {provide an explanation below}:

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Part I - Plan Information

1. Estimated number of individuals (participants and beneficiaries) with accounts under the plan:	[number]
2. Plan assets held by Qualified Termination Administrator:	
A. Estimated value of assets:	[value]
B. Months we have held plan assets, if less than 12:	[number]
C. Hard to value assets {select "yes" or "no" to identify any assets with no readily ascertainable fair market value, and include for those identified assets the best known estimate of their value}:	
	Yes    No
(a) Partnership/joint venture interests	[value]
(b) Employer real property	[value]
(c) Real estate (other than (b))	[value]
(d) Employer securities	[value]

- |     |                            |         |
|-----|----------------------------|---------|
| (e) | Participant loans          | [value] |
| (f) | Loans (other than (e))     | [value] |
| (g) | Tangible personal property | [value] |

3. Name and last known address and telephone number of plan sponsor:

\_\_\_\_\_

4. Other:

\_\_\_\_\_

Part II - Known Service Providers of the Plan

Name	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Part III - Services and Related Expenses to be Paid

Services	Service Provider	Estimated Cost
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Part IV - Investigation

In the past 24 months *{check one box}*:

Neither we nor our affiliates are or have been the subject of an investigation, examination, or enforcement action by the Department, Internal Revenue Service, or Securities and Exchange Commission concerning such entity's conduct as a fiduciary or party in interest with respect to any plan covered by the Act.

We or our affiliates are or have been the subject of an investigation, examination, or enforcement action by the Department, Internal Revenue Service, or Securities and Exchange Commission concerning such entity's conduct as a fiduciary or party in interest with respect to any plan covered by the Act.

Part V - Contact Person *{enter information only if different from signatory}*:

[Name]  
 [Address]  
 [E-mail address]  
 [Telephone number]

Under penalties of perjury, I declare that I have examined this notice and to the best of my knowledge and belief, it is true, correct and complete.

[Signature]  
 [Title of person signing on behalf the Qualified Termination Administrator]  
 [Address, e-mail address, and telephone number]