



NOTICE OF ELECTION UNDER ERISA 4062(e)(4)

PBGC Form 4062(e)-02
Approved OMB # 1212-0073
Expires XX/XX/2025

This form is used to notify the Pension Benefit Guaranty Corporation that an employer is electing to make additional contributions pursuant to ERISA section 4062(e)(4) in connection with liability for an event listed in ERISA section 4062(e)(2). For questions regarding this form, contact (202) 326-4070 or 4062e@pbgc.gov.

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

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

EIN of contributing sponsor

Plan number

City, State, Zip

Telephone number of contact

Ext

OBLIGATION TO MAKE ADDITIONAL CONTRIBUTIONS

For the plan year in which the cessation occurred, was the variable-rate premium funded status 90 percent or greater?
 Yes No Have not yet determined VRP for that plan year. *If "Yes," no additional contributions are required to satisfy 4062(e) liability; skip to Required Attachments section.*

ADDITIONAL CONTRIBUTION TO SATISFY LIABILITY

1. Beginning of plan year in which cessation occurred __/__/____
2. Eligible employee base date (item 2c from Form 4062(e)-01) __/__/____
3. Participant reduction fraction
 - a. Number of plan participants with accrued benefit liabilities separated from employment as a result of the cessation _____
 - b. Number of plan participants with accrued benefit liabilities who are eligible employees immediately before eligible employee base date _____
 - c. Participant reduction fraction (item 3a ÷ item 3b) _____

4. Maximum additional annual contribution (before reflecting 4062(e)(4)(B)(iii) limitation)

a. Unfunded vested benefits for plan year immediately preceding plan year in which cessation occurred _____

b. Base amount (item 4a x item 3c) _____

c. Maximum additional annual contribution (item 4b ÷ 7) _____

5. Date first 4062(e)(4) contribution is due

__/__/____

REQUIRED ATTACHMENTS

The following must be submitted with this form **if not previously provided to PBGC**. Check box to indicate the item is attached. If not attached, explain in Missing Information section.

Actuarial information (see instructions)

Any IRS funding waiver issued under Internal Revenue Code section 302(c) with respect to the plan for the year in which the cessation occurred or any later year

MISSING INFORMATION

If required information has not been submitted with this form, provide an explanation below. 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