



# NOTICE OF ADDITIONAL CONTRIBUTIONS UNDER ERISA 4062(e)(4)

PBGC Form 4062(e)-03  
Approved OMB # 1212-0073  
Expires XX/XX/2025

This form is used to notify the Pension Benefit Guaranty Corporation of an employer's additional contributions made 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											
<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				_____
EIN of contributing sponsor		Plan number	City, State, Zip										
		_____	_____										
		Telephone number of contact	Ext										

## CONTRIBUTION PAYMENT AND OBLIGATION TO MAKE ADDITIONAL CONTRIBUTIONS

- Applicable plan year. This filing relates to the plan year beginning \_\_/\_\_/\_\_\_\_ and ending \_\_/\_\_/\_\_\_\_
- Check box to indicate which year, of the seven-year period, this filing relates to:  
 1<sup>st</sup> year    2<sup>nd</sup> year    3<sup>rd</sup> year    4<sup>th</sup> year    5<sup>th</sup> year    6<sup>th</sup> year    7<sup>th</sup> year
- For the applicable plan year, was the variable-rate premium funded status 90 percent or greater?  
 Yes    No   *If "Yes," no additional contributions are required to satisfy 4062(e) liability; skip to Required Attachments section.*
- Has the IRS issued a funding waiver under section 302(c) with respect to the plan for applicable plan year?  
 Yes    No   *If "Yes," skip to Required Attachments section.*

- 5. Maximum additional annual contribution (Item 4(c) from Form 4062(e)-02) \_\_\_\_\_
- 6. Limitation as determined under ERISA section 4062(e)(4)(B)(iii) for applicable plan year
  - a. Unfunded vested benefits (UVBs) for plan year prior to applicable plan year \_\_\_\_\_
  - b. 25% of prior year's UVBs (.25 x item 6a) \_\_\_\_\_
  - c. Minimum required contribution for applicable plan year \_\_\_\_\_
  - d. Limitation on annual additional contribution (item 6b - item 6c, but not less than \$0) \_\_\_\_\_
- 7. ERISA 4062(e)(4) additional contribution for applicable plan year
  - a. Amount lesser of item 5 or item 6d \_\_\_\_\_
  - b. Due date \_\_/\_\_/\_\_
  - c. Date contribution was made \_\_/\_\_/\_\_

**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.

- 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, explain 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.

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**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.

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Name and title of individual certifying form

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Employer of individual certifying form

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Email address of individual certifying form

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Telephone number of individual certifying form

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Signature of individual certifying form

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Date signed