

v20220701p

**Version Updates**

Version

Date updated

v20220701p

7/1/2022

**Contributing Employers**

For additional submission due to merger under § 4262.4(f)(1)(ii): *Template 2 Plan Name Merged*, where "Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.

If the plan has 10,000 or more participants, as required to be entered on line 6f of the plan’s most recently filed Form 5500 (by the filing date of the initial application), enter a listing of the 15 contributing employers with the largest contribution amounts and the amount of contributions paid by each employer during the most recently completed plan year. For example, if a calendar year plan filed an application on April 1, 2023, the plan would look to line 6f of the 2021 Form 5500 filed in 2022. If the line 6f of the 2021 Form 5500 showed 10,000 or more participants, the plan must list the 15 contributing employers with the largest contributions and the contributions made by each employer during 2022 without regard to whether a contribution was made on account of a year other than 2022. Alternatively, the plan may choose to provide the listing of the 15 largest contributing employers and the amounts of contributions paid by each of these employers on account of the most recently completed plan year. Identify the basis (cash or accrual) used to report the employer contributions.

If the plan is required to provide this information, it is required for the Top 15 employers even if the employer’s contribution is less than 5% of total contributions.

**PLAN INFORMATION**

|                        |  |  |
|------------------------|--|--|
| Abbreviated Plan Name: |  |  |
| EIN:                   |  |  |
| PN:                    |  |  |

|                                    |                 |
|------------------------------------|-----------------|
| Most Recently Completed Plan Year: |                 |
| Contribution Basis:                | Cash or Accrual |

| List in order with employer with largest contribution amount first |               |                       |
|--|---------------|-----------------------|
| Order  | Contributions | Contributing Employer |
| 1  |               |                       |
| 2  |               |                       |
| 3  |               |                       |
| 4  |               |                       |
| 5  |               |                       |
| 6  |               |                       |
| 7  |               |                       |
| 8  |               |                       |
| 9  |               |                       |
| 10   |               |                       |
| 11   |               |                       |
| 12   |               |                       |
| 13   |               |                       |
| 14   |               |                       |
| 15   |               |                       |