

**CERTIFICATION THAT THE PLAN AMENDMENT  
TO REINSTATE SUSPENDED BENEFITS WILL BE TIMELY ADOPTED**

As required by 29 C.F.R. § 4262.7(e)(2) for the application for special financial assistance for the [NAME OF PLAN] (the “Application” for the “Plan”), we, [CHOOSE EITHER: ‘the’ OR ‘as’] members of the Board of Trustees of the Plan hereby certify that the proposed amendment to the [NAME AND DATE OF CURRENT PLAN DOCUMENT] to reinstate benefits under the Plan that have been suspended under [CHOOSE EITHER: ‘section 305(e)(9) of ERISA’ OR ‘section 4245(a) of ERISA due to plan insolvency’], which proposed amendment is submitted herewith as part of the Application, will be timely adopted upon approval by the Pension Benefit Guaranty Corporation of the Application.

[INCLUDE ONLY IF LESS THAN THE ENTIRE BOARD OF TRUSTEES IS SIGNING:] Section [REFERENCE TO APPROPRIATE PROVISION] of the [NAME AND DATE OF PLAN’S CURRENT TRUST DOCUMENT], as amended, authorizes [DESCRIBE HOW TRUST DOCUMENT OR OTHER GOVERNING DOCUMENT AUTHORIZES THE SIGNERS BOTH TO SIGN ON BEHALF OF ENTIRE BOARD AND TO COMMIT THE BOARD TO TIMELY ADOPT THE AMENDMENT AFTER THE PLAN’S APPLICATION FOR SPECIAL FINANCIAL ASSISTANCE IS APPROVED].

[INSERT ONE SIGNATURE BLOCK FOR EACH TRUSTEE, EACH WITH A PRINTED NAME AND TITLE:]

\_\_\_\_\_  
[PRINTED NAME]  
[TITLE]

\_\_\_\_\_  
[PRINTED NAME]  
[TITLE]

\_\_\_\_\_  
[PRINTED NAME]  
[TITLE]

\_\_\_\_\_  
[PRINTED NAME]  
[TITLE]

Date: [DATE OF EXECUTION]