

Form **5310**

(Rev. January 2023)

Department of the Treasury  
Internal Revenue Service**Application for Determination for  
Terminating Plan**

(Under section 401(a), 403(b) and 501(a) of the Internal Revenue Code)

► Information about Form 5310 and its instructions is at [www.irs.gov/form5310](http://www.irs.gov/form5310).

OMB No. 1545-0202

Review instructions and the Procedural Requirements Checklist before completing this application.  
Submit all required attachments.

For Internal Use Only

**Section I - All Plan Types****Complete lines 1j-1m and 2h-2k only if you have a foreign address, see instructions.****1a** Name of plan sponsor (employer if single-employer plan)**b** Address of plan sponsor**c** City**d** State**e** Zip code**f** Employer identification number (EIN)**g** Telephone number**h** Fax number**i** Employer's tax year end (MM)**j** City or town**k** Country name**l** Province/country**m** Foreign postal code**2a** Person to contact. If a Power of Attorney is attached, mark box, and do not complete this line. ☐

Contact person's name

**b** Contact person's address**c** City**d** State**e** Zip code**f** Telephone number**g** Fax number**h** City or town**i** Country name**j** Province/country**k** Foreign postal code

If more space is needed for any item, attach additional sheets the same size as this form. Identify each additional sheet with the plan sponsor's name and EIN and identify each item.

Under penalties of perjury, I declare that I have examined this determination letter submission, including Form 5310 and all accompanying documents, and, to the best of my knowledge and belief, they and the facts presented in support of this application and submission are true, correct, and complete. If the zero dollar user fee is selected, I certify that the application for a determination letter on the qualified status of the plan listed above meets the conditions for exemption from user fees described in section 7528(b)(2) (B) of the Internal Revenue Code. If this is a determination letter submission filed by a representative who is authorized to sign and file this determination letter submission on behalf of a plan sponsor, as provided in an attached Form 2848, the above penalty of perjury statement shall not apply (although the penalties of perjury box should still be marked). However, the authorized representative of the plan sponsor must include a penalties of perjury statement as described in Revenue Procedures 2023-4, Section 6.02(14), signed by the plan sponsor.

SIGN HERE ► \_\_\_\_\_ - pay.gov

Date ►

07/22/2025

Type or print name

Type or print title

**3a** Name of plan (plan name cannot exceed 70 characters, including spaces):
**b** Enter 3-digit plan number
**c** Enter month on which the plan year ends (MM)
**d** Enter plan's original effective date
**e** Enter number of participants

If 100 or less, complete line 3f. Otherwise, go to line 4a.

**Yes No****f** ☐ ☐ Does the plan sponsor have 100 or fewer employees who received \$5,000 or more of compensation for the preceding year?

If "Yes," go to line 3g.

If "No," go to line 4a.

**g** ☐ ☐ Is at least one employee a non highly compensated employee?**4a (1)** ☐ ☐ Is this plan a pre-approved plan that relied on the opinion letter for the immediately preceding remedial amendment cycle (RAC)?

If line 4a(1) is "Yes", then complete lines 4a(2), (3), and (4).

If "No," go to line 4b.

**(2)** Name of the pre-approved plan provider
**(3)** Date of opinion letter
**(4)** Serial # of opinion letter
**b** ☐ ☐ For 401(a) plans: Is the plan an individually designed plan that is eligible for the six-year RAC?**Yes No NA****c** ☐ ☐ ☐ Does the plan have a determination letter (DL)?

If "Yes", complete line 4d below.

If "No", go to line 5a.

**d** Date the letter was issued
**5a** Proposed date of plan termination
**Yes No****b (1)** ☐ ☐ Will plan assets be, or have plan assets been, returned to the employer?

If "Yes," complete lines 5b(2).

If "No," go to line 6a.

**(2)** Enter the estimated amount of plan assets to be returned to the employer . . . . . ►
**6a** Indicate the type of plan by entering the number from the list below.  
(Use the lowest number from the list below applicable to the plan.)

1 – Pension Equity Plan (PEP)

5 – ESOP

9 – 401(k)

2 – cash balance conversion

6 – money purchase

10 – profit sharing plan

3 – cash balance (not converted)

7 – target benefit

11 – 403(b)

4 – defined benefit but not cash balance

8 – stock bonus

**Yes No****b (1)** ☐ ☐ If the response to line 6a was "1," "2," "3," "4," "6," or "7," is the plan's normal retirement age below 62 at any time after 5/22/07?

If "Yes," go to line 6b(2).

If "No," go to line 6c(1).

(Line 6 continued)

- 6b (2)** ☐ **Yes** ☐ **No** Has the employer (or trustees, if this is a multiemployer plan) made a good faith determination that the plan's normal retirement age is not lower than an age that reasonably represents the typical retirement age for the industry in which the covered workforce is employed? If "Yes," attach required statement. Governmental plans see instructions.
- c (1)** If the response to line 6a was "5," mark the applicable box to indicate whether the plan sponsor is an S Corporation or a C Corporation.
- ☐ S Corp. ☐ C Corp.
- (2)** If there has been a change to the corporate status (from S to C or C to S election/revocation), provide the effective date of such change.

- 7** ☐ **Yes** ☐ **No** Is this a governmental plan under section 414(d)?
- 8** ☐ **Yes** ☐ **No** Is this a church plan under section 414(e)?
- 9** ☐ **Yes** ☐ **No** Has this plan been involved in a merger, consolidation, spinoff, or transfer of plan assets or liabilities? (attach statement)
- 10** ☐ **Yes** ☐ **No** Is any issue involving this plan currently pending?  
If "Yes", attach the required statement. See Instructions.
- 11** ☐ **Yes** ☐ **No** Does this plan utilize the permitted disparity rules of section 401(l)?

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**Section II - 401(a) Plans**


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- 12** ☐ **Yes** ☐ **No** Does this plan benefit any collectively bargained employees under Regulations section 1.410(b)-6(d)(2)?
- 13** ☐ **Yes** ☐ **No** Is this an insurance contract plan under section 412(e)(3)?
- 14** ☐ **Yes** ☐ **No** Is this a multiemployer plan under section 414(f)?
- 15** ☐ **Yes** ☐ **No** Is this a multiple employer plan under section 413(c)? (attach statement)
- 16** ☐ **Yes** ☐ **No** Does this application include an election for a determination regarding a design-based safe harbor? (attach statement)
- 17** ☐ **Yes** ☐ **No** Is this plan part of an offset arrangement with any other plans? (attach statement)
- 18** ☐ **Yes** ☐ **No** Is the plan part of an eligible combined plan arrangement under section 414(x)? (attach statement)
- 19** ☐ **Yes** ☐ **No** Have interested parties been given the required notification of this application? (attach statement)
- 20** ☐ **Yes** ☐ **No** Is this a request for a ruling under section 401(h)?
- 21** ☐ **Yes** ☐ **No** Was the plan amended or restated to change the plan type? (attach statement)
- 22** ☐ **Yes** ☐ **No** Do any amendments or actions that were not considered in a prior DL eliminate or reduce any section 411(d)(6) protected benefits? (attach statement)
- 23** ☐ **Yes** ☐ **No** Did the participants receive the proper notification under ERISA 101j?
- 24** ☐ **Yes** ☐ **No** Were any accelerated distributions made in any year when the plan was subject to benefit restrictions under section 436(d)?  
If line 24 is "Yes," attach a statement providing the date and amount of distribution and the application of the limits including remaining and deferred amounts.

|              | Yes                      | No                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>25</b>    | <input type="checkbox"/> | <input type="checkbox"/> | Was the plan amended to increase liability for benefits that would result in an AFTAP below 80%?                                                                                                                                                                                                                                                                                                                                                   |
| <b>26</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <p>If this is a DB or money purchase plan, do you estimate there will be an unpaid minimum required contribution or an accumulated funding deficiency as of the end of the plan year during which the proposed termination date occurs if no additional plan contributions are made and no additional funding waiver is granted?</p> <p>If line 23 is "Yes," complete lines 27a through 27c below.</p> <p>If line 23 is "No," skip to line 28.</p> |
| <b>27(a)</b> | <input type="checkbox"/> | <input type="checkbox"/> | Is there an estimated accumulated funding deficiency? If "Yes," enter here ► <input type="text"/>                                                                                                                                                                                                                                                                                                                                                  |
| <b>(b)</b>   | <input type="checkbox"/> | <input type="checkbox"/> | Was a Form 5330, Return of Excise Taxes Related to Employee Benefit Plans, filed regarding this funding deficiency?                                                                                                                                                                                                                                                                                                                                |
| <b>(c)</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <p>Was a funding waiver granted?</p> <p>If line 27(a) or 27(b) is "Yes," attach a copy of Form 5330 or the waiver ruling.</p>                                                                                                                                                                                                                                                                                                                      |
| <b>28</b>    | <input type="checkbox"/> | <input type="checkbox"/> | Has the terminating plan been involved in a spinoff or other transfer of assets or liabilities subject to section 414(l), within 60 months preceding the proposed date of termination? (attach statement)                                                                                                                                                                                                                                          |
| <b>29</b>    | <input type="checkbox"/> | <input type="checkbox"/> | Are the accrued benefits of all participants fully vested and nonforfeitable as of the date of termination?                                                                                                                                                                                                                                                                                                                                        |
| <b>30</b>    | <input type="checkbox"/> | <input type="checkbox"/> | Have cash distributions or guaranteed annuity contracts been provided for all accrued benefits, as of the date of this plan termination, of all participants in the other plan(s) included in line 28?                                                                                                                                                                                                                                             |
| <b>31</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <p>Have cash distributions or guaranteed annuity contracts been provided for all accrued benefits of all participants in this plan?</p> <p>If "Yes," attach a statement providing the dates and amounts of these cash distributions or purchase of annuity contracts.</p>                                                                                                                                                                          |
| <b>32</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <p>If this is a DB plan, will any or all of the participants in the terminating plan be covered by a new or existing DB plan of the employer?</p> <p>If "Yes," go to line 33.</p> <p>If "No," go to line 34.</p>                                                                                                                                                                                                                                   |
| <b>33</b>    | <input type="checkbox"/> | <input type="checkbox"/> | Does the new or existing transferee plan which received plan assets give full prior service credit for vesting and benefit entitlement purposes?                                                                                                                                                                                                                                                                                                   |
| <b>34</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <p>Did the employer previously receive a reversion of assets upon termination of a DB plan in the past 15 years?</p> <p>If "Yes," attach an explanation.</p>                                                                                                                                                                                                                                                                                       |
| <b>35(a)</b> | <input type="checkbox"/> | <input type="checkbox"/> | <p>Does the value of plan assets at termination exceed the present value of the plan's liabilities within the meaning of section 401(a)(2)?</p> <p>If "Yes," complete line 35(b).</p> <p>If "No," skip to line 36.</p>                                                                                                                                                                                                                             |
| <b>(b)</b>   | <input type="checkbox"/> | <input type="checkbox"/> | Is the excess value the result of a change in the plan provisions other than the termination of the plan?                                                                                                                                                                                                                                                                                                                                          |
| <b>36</b>    | <input type="checkbox"/> | <input type="checkbox"/> | If the plan has been top-heavy, have top-heavy minimum benefits accrued or minimum contributions been made for non-key employees?                                                                                                                                                                                                                                                                                                                  |

**Section III - 403(b) Plans**

- 37** ☐ Choose the appropriate 403(b) Entity Type:
- 1 – 501(c)(3) organization
  - 2 – A State as defined in 1.403(b)-2(b)(20)/public school
  - 3 – A minister as described in IRC 414(e)(5)(A)
- 38** ☐ **Yes** ☐ **No** Is the plan sponsor a Qualified Church-Controlled Organization (QCCO) as defined in section 3121(w)(3)(B)?
- 39** ☐ ☐ Is the plan sponsor a Non-qualified Church-Controlled Organization?
- 40** ☐ ☐ Is the plan a non-electing church plan under 410(d)?
- 41** ☐ ☐ Does the plan allow for employee after-tax contributions?
- 42** ☐ ☐ Does the plan offer elective deferrals?
- 43** ☐ ☐ Does the plan offer matching contributions?
- 44** ☐ ☐ Does the plan offer non-elective employer contributions other than matching contributions?
- 45** ☐ ☐ Does the plan sponsor have less than 1,000 employees?
- 46** ☐ ☐ Is this either a pre-ERISA grandfathered plan under Rev. Rul. 82-102, 1982-1 CB 62 or a TEFRA church defined benefit plan (see § 1.403(b)-10(f)(2))?
- 47** ☐ ☐ Has the plan sponsor made distributions of all accounts in one of the following ways:
- 1 – Delivery of a fully paid (individual) annuity contract.
  - 2 – Delivery of a certificate of fully paid benefits under a group annuity contract.
  - 3 – Distributions in cash or in kind of the investments held in 403(b)(7) custodial account.
- 48** ☐ ☐ If any participants or beneficiaries fail to make an affirmative election for a distribution, will the plan administrator or custodian distribute an individual custodial account (ICA) in-kind per Revenue Ruling 2020-23?  
Note: If not, the plan cannot terminate until all amounts have been distributed.
- 49** ☐ ☐ Are all participants fully vested in accordance with 1.403(b)-3(a)(2)?  
If not, any 403(c) account cannot later become 403(b) accounts (Rev Rul 2020-23).
- 50** ☐ ☐ The plan sponsor attests that the Employer (and any related employers under 414) will not make contributions to any section 403(b) contract that is not part of the plan during the period beginning on the date of plan termination and ending 12 months after distribution of all assets from the terminated plan (unless fewer than 2% of the eligible employees are eligible in the other plan per 1.403(b)-10(a)).
- 51** ☐ ☐ Has a plan-to-plan transfer under 1.403(b)-10(b) occurred?
- 52** Indicate how contributions to the plan are held. (Check all applicable boxes)
- ☐ 1 – Custodial accounts
  - ☐ 2 – Individual annuity contracts
  - ☐ 3 – Group annuity contracts
  - ☐ 4 – Retirement income accounts

**Section IV - All Plans****53** Indicate the reason for termination by marking the letter from the list below:

- ☐ a. Change in ownership by merger
- ☐ b. Liquidation or dissolution of employer
- ☐ c. Change in ownership
- ☐ d. Adverse business conditions (attach an explanation).
- ☐ e. Adoption of new plan. Enter type of new plan
- ☐ f. Other (specify)

**54** Last employer/sponsor contribution to the plan. Complete the following:(a) Enter date  (b) Amount  (c) For plan year ending **55a** Enter the total number of participants employed at any time during the plan year of termination and each of the 5 prior plan years on the schedule below. If all such participants were fully vested at all times during such years, do not complete lines 55a(1) through 55a(5), and instead enter "0" in line 6 of columns (i), (ii), (iii), (iv), (v) and (vi).

|                                                                                                                         | (i)      | (ii)     | (iii)    | (iv)     | (v)      | (vi)     |
|-------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|----------|
| Enter Plan Year End ►                                                                                                   | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ |
| a(1) Number at end of prior plan year                                                                                   |          |          |          |          |          |          |
| a(2) Number added during the plan year                                                                                  |          |          |          |          |          |          |
| a(3) Total. Add lines (1) and (2)                                                                                       | 0        | 0        | 0        | 0        | 0        | 0        |
| a(4) Number dropped during the plan year                                                                                |          |          |          |          |          |          |
| a(5) Number at end of plan year. Subtract line (4) from line (3)                                                        | 0        | 0        | 0        | 0        | 0        | 0        |
| a(6) Total number of participants in this plan separated from vesting service during the plan year without full vesting |          |          |          |          |          |          |

**b** **Yes** ☐ **No** ☐ Did line 55(a)(6) indicate that a participant separated without full vesting in the year of termination or any of the past 5 years?

If "Yes," attach a statement that provides the following information for each participant who had a severance from employment without full vesting:

- |                            |                                                                                 |                             |
|----------------------------|---------------------------------------------------------------------------------|-----------------------------|
| (1) Name of participant    | (5) Years of vesting                                                            | (8) Amount of distribution  |
| (2) Date of hire           | (6) Vesting percentage                                                          | (9) Date of distribution    |
| (3) Date of termination    | (7) Account balance or accrued benefit at the time of severance from employment | (10) Reason for termination |
| (4) Years of participation |                                                                                 |                             |

**Note.** Amounts in b(7) and b(8) should not include elective deferrals.

**56** Miscellaneous

- a** **Yes** ☐ **No** ☐ As a result of the termination, are accrued benefits or account balances nonforfeitable as required under section 411(d)(3)?
- b** ☐ ☐ If annuity contracts are distributed on plan termination, are the applicable consent, present value, waiver and other rights and benefits protected by sections 401(a)(11) and 417 included in the annuity contracts?

(Line 56 continued)

**Yes** **No**

- c (1)** ☐ ☐ Will distributions be made in a form other than cash, annuity contracts, readily tradable marketable securities and/or custodial accounts (if a 403(b))?  
 If line 56(c)(1) is "Yes," complete lines 56(c)(2) below and attach a statement explaining how assets were valued and how assets will be allocated.  
 If line 56(c)(1) is "No," skip to line 57.

- (2)** ☐ ☐ Were all participants given the option of taking this type of distribution?

- 57** Enter the information listed on lines 57a through 57c for the plan year of termination and the 5 prior plan years on the following schedule.

|                                                                        | (i)         | (ii)        | (iii)       | (iv)        | (v)         | (vi)        |
|------------------------------------------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Enter Plan Year ►                                                      | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ |
| <b>a</b> Employer contributions<br>(do not include elective deferrals) |             |             |             |             |             |             |
| <b>b</b> Forfeitures                                                   |             |             |             |             |             |             |
| <b>c</b> Qualified transfer/rollover<br>amount(s) received             |             |             |             |             |             |             |

- 58** Indicate how distributions will be made on termination (mark the applicable box(es)):

- (1)** ☐ In accordance with the plan provisions (or investment arrangements, if under a 403(b) plan) including notices and consents.
- (2)** ☐ Qualified Replacement Plan
- (3)** ☐ Transfer of assets and liabilities to another plan
- (4)** ☐ Other (specify)

- 59** Statement of net assets available to pay benefits as of the proposed date of plan termination or latest valuation date.  
 All "Other" items must be fully explained in an attachment.

Date of valuation ►

**Assets**

|                                                                             |        |        |
|-----------------------------------------------------------------------------|--------|--------|
| <b>a</b> Total noninterest-bearing cash . . . . .                           | 59a    |        |
| <b>b</b> Receivables:                                                       |        |        |
| <b>(1)</b> Employer contributions . . . . .                                 | 59b(1) |        |
| <b>(2)</b> Participant contributions . . . . .                              | 59b(2) |        |
| <b>(3)</b> Income . . . . .                                                 | 59b(3) |        |
| <b>(4)</b> Other ( <b>Attach</b> a detailed explanation) . . . . .          | 59b(4) |        |
| <b>(5)</b> Allowance for doubtful accounts . . . . .                        | 59b(5) |        |
| <b>(6)</b> Total. Add 59b(1) through 59b(4) and subtract 59b(5) . . . . . ► | 59b(6) | \$0.00 |

**Assets (continued)**

|          |                                                                                   |           |        |
|----------|-----------------------------------------------------------------------------------|-----------|--------|
| <b>c</b> | General Investments:                                                              |           |        |
|          | (1) Interest-bearing cash (including money market funds) . . . . .                | 59c(1)    |        |
|          | (2) Certificate of deposit . . . . .                                              | 59c(2)    |        |
|          | (3) U.S. Government securities . . . . .                                          | 59c(3)    |        |
|          | (4) Corporate debt instruments . . . . .                                          | 59c(4)    |        |
|          | (5) Corporate stocks . . . . .                                                    | 59c(5)    |        |
|          | (6) Partnership/joint venture interests . . . . .                                 | 59c(6)    |        |
|          | (7) Real estate:                                                                  |           |        |
|          | (A) Income-producing . . . . .                                                    | 59c(7)(A) |        |
|          | (B) Nonincome-producing . . . . .                                                 | 59c(7)(B) |        |
|          | (8) Loans (other than to participants) secured by mortgages . . . . .             | 59c(8)    |        |
|          | (9) Loans to participants . . . . .                                               | 59c(9)    |        |
|          | (10) Other Loans . . . . .                                                        | 59c(10)   |        |
|          | (11) Value of interest in registered investment companies . . . . .               | 59c(11)   |        |
|          | (12) Value of funds held in insurance company general account . . . . .           | 59c(12)   |        |
|          | (13) Other . . . . .                                                              | 59c(13)   |        |
|          | (14) Total. Add lines 59c(1) through 59c(13) . . . . . ▶                          | 59c(14)   | \$0.00 |
| <b>d</b> | Employer-related investments:                                                     |           |        |
|          | (1) Employer Securities . . . . .                                                 | 59d(1)    |        |
|          | (2) Employer real property . . . . .                                              | 59d(2)    |        |
| <b>e</b> | Building equipment and other property used in plan operation . . . . .            | 59e       |        |
| <b>f</b> | Total assets. Add lines 59a, 59b(6), 59c(14), 59d(1), 59d(2), and 59e . . . . . ▶ | 59f       | \$0.00 |
|          | <b>Liabilities</b>                                                                |           |        |
| <b>g</b> | Benefit claims payable . . . . .                                                  | 59g       |        |
| <b>h</b> | Operating payables . . . . .                                                      | 59h       |        |
| <b>i</b> | Acquisition indebtedness . . . . .                                                | 59i       |        |
| <b>j</b> | Other liabilities . . . . .                                                       | 59j       |        |
| <b>k</b> | Total liabilities. Add lines 59g through 59j . . . . . ▶                          | 59k       | \$0.00 |
|          | <b>Net Assets</b>                                                                 |           |        |
| <b>l</b> | Net Assets. Subtract line 59k from line 59f . . . . . ▶                           | 59l       | \$0.00 |



## Procedural Requirements Checklist

Use this list to ensure that your submitted package is complete. The application will be reviewed to determine if it is complete. If your application is incomplete, it will be closed, in which case it won't be returned and any user fee won't be refunded. See Rev. Proc. 2023-4 (updated annually).

- |     | Yes                      | No                       |                                                                                                                                                                                                                                                                                                         |
|-----|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.  | <input type="checkbox"/> | <input type="checkbox"/> | If appropriate, is Form 2848, Power of Attorney and Declaration of Representative, Form 8821, Tax Information Authorization, or a privately designed authorization attached? (For more information, see the Disclosure Request by Taxpayer in the instructions and Rev. Proc. 2023-4 updated annually.) |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/> | If the authorized representative(s) would like to receive notices and communications, check the box on Form 2848, line 2, for each individual.                                                                                                                                                          |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/> | Is a copy of your plan's latest DL, or if the plan is based on a pre-approved plan, is a copy of the opinion or advisory letter, if any, attached?                                                                                                                                                      |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you included a copy of the plan, trust, and all amendments adopted or effective for the current Required Amendment List?                                                                                                                                                                           |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | Is the EIN of the plan sponsor/employer (NOT the trust's EIN) entered on line 1f?                                                                                                                                                                                                                       |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | Have interested parties been given the required notification of this application? Make sure line 13 is completed.                                                                                                                                                                                       |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you included a copy of the Board of Director's Resolution or other documentation formally terminating the plan?                                                                                                                                                                                    |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | If line 6b(2) is "Yes," have you attached the required statement?                                                                                                                                                                                                                                       |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | If line 9, 10, 15, 16, 17, 18, 19, 20, 21 or 22 is "Yes," have you attached the required statement?                                                                                                                                                                                                     |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | If line 24 is "Yes," have you attached the required statement?                                                                                                                                                                                                                                          |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | If this is a DB plan, have you attached the Schedule SB (Form 5500) and AFTAP certification(s) per the instructions?                                                                                                                                                                                    |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | If line 27b is "Yes," is the required copy of Form 5330 or any funding waiver ruling attached?                                                                                                                                                                                                          |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | If line 28 is "Yes," have you attached the required statement?                                                                                                                                                                                                                                          |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | If line 31 is "Yes," have you attached the required statement?                                                                                                                                                                                                                                          |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | If line 34 is "Yes," have you attached the required statement?                                                                                                                                                                                                                                          |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | If any portion of line 59 is completed as "Other," have you attached the required statement?                                                                                                                                                                                                            |