



ADVANCE NOTICE OF REPORTABLE EVENTS

PBGC Form 10-Advance
Approved OMB #1212-0013
Expires 03/31/12

This form may be used by a contributing sponsor of a single-employer plan required to notify the Pension Benefit Guaranty Corporation in advance that a reportable event will occur.

IDENTIFYING INFORMATION

Name of plan

Name of contributing sponsor

Street address of contributing sponsor

City, State, Zip

EIN of contributing sponsor

Plan number

Name / title of individual to contact

Street address of contact

City, State, Zip

Telephone number of contact

REPORTABLE EVENTS

See instructions for descriptions of these events. Check all boxes that apply.

- | | |
|---|---|
| <input type="checkbox"/> Change in contributing sponsor or controlled group | <input type="checkbox"/> Application for minimum funding waiver |
| <input type="checkbox"/> Liquidation | <input type="checkbox"/> Loan default |
| <input type="checkbox"/> Extraordinary dividend or stock redemption | <input type="checkbox"/> Bankruptcy or similar settlement |
| <input type="checkbox"/> Transfer of benefit liabilities | |

BRIEF DESCRIPTION

Briefly describe the pertinent facts relating to the event.

[Large empty text area for describing the event]

The next page lists additional information that must be submitted with this form, if not included above.

ADDITIONAL INFORMATION TO BE FILED

Change in Contributing Sponsor or Controlled Group

- Expected effective date of event
- Description of the plan's old and new controlled group structures, including the name of each controlled group member
- Name of each plan maintained by any member of the plan's old and new controlled groups, its contributing sponsor(s) and EIN/PN
- Most recent audited (or, if unavailable, unaudited) financial statements and interim financial statements of the plan's contributing sponsor (both old and new in the case of a change in the contributing sponsor) and any persons that will cease to be in the plan's controlled group

Liquidation

- Expected effective date of event
- Description of the plan's controlled group structure before and after the liquidation, including the name of each controlled group member
- Name of each plan maintained by any member of the plan's controlled group, its contributing sponsor(s) and EIN/PN
- Most recent actuarial valuation report for each plan in the controlled group

Extraordinary Dividend or Stock Redemption

- Name and EIN of person making the distribution
- Date and amount of cash distribution(s) during fiscal year
- Description, fair market value, and date or dates of any non-cash distributions
- Statement as to whether the recipient was a member of the plan's controlled group

Transfer of Benefit Liabilities

- Name, contributing sponsor and EIN/PN of transferor plan and transferee plan(s)
- Explanation of the actuarial assumptions used in determining the value of benefit liabilities (and, if appropriate, plan assets) transferred
- Estimate of the assets, liabilities, and number of participants whose benefits are transferred

Note: To the extent this information is filed with the IRS Form 5310A, PBGC will accept a copy of that filing.

Application for Minimum Funding Waiver

- Copy of the waiver application, with all attachments

Loan Default

- Copy of the relevant loan documents (e.g., promissory note, security agreement)
- Due date and amount of any missed payment
- Copy of any written notice of default from lender
- Copy of any written notice of acceleration from lender

Bankruptcy or Similar Settlement

- Copy of all papers filed in the relevant proceeding, including, but not limited to, petitions and supporting schedules
- Last date for filing claims, if known
- Name, address and phone number of any trustee, receiver or similar person
- Most recent actuarial valuation report for each plan in the controlled group
- Description of the plan's controlled group structure, including the name of each controlled group member
- Name of each plan maintained by any member of the plan's controlled group, its contributing sponsor(s) and EIN/PN