



POST-EVENT NOTICE OF REPORTABLE EVENTS

PBGC Form 10
Approved OMB #1212-0013
Expires 03/31/2015

This form may be used by a plan administrator or contributing sponsor of a single-employer plan when notifying the Pension Benefit Guaranty Corporation that a reportable event has occurred.

IDENTIFYING INFORMATION

Name of filer

Plan name

Street address of filer

Name / title of individual to contact

City, State, Zip

Street address of contact

EIN of contributing sponsor

Plan number

City, State, Zip

Filer is: Plan administrator
 Contributing sponsor

Telephone number of contact

Ext.

REPORTABLE EVENTS

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

- Active participant reduction
- Failure to make required contributions
- Inability to pay benefits when due
- Distribution to a substantial owner
- Transfer of benefit liabilities
- Change in contributing sponsor or controlled group
- Liquidation
- Extraordinary dividend or stock redemption
- Application for minimum funding waiver
- Loan default
- Bankruptcy or similar settlement

BRIEF DESCRIPTION

Briefly describe the pertinent facts relating to the event.

ADDITIONAL INFORMATION TO BE FILED

Active Participant Reduction

- Statement explaining the cause of the reduction (e.g., facility shutdown or sale)
- Number of active participants at the date the event occurs, at the beginning of the current plan year, and at the beginning of the prior plan year

Failure to Make Required Contributions

- Due date and amount of both the missed contribution and the next payment due
- Most recent actuarial valuation report
- 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

Inability to Pay Benefits When Due

- Date of any missed benefit payment and amount of benefits due
- Next date on which the plan is expected to be unable to pay benefits, the amount of the projected shortfall, and the number of plan participants expected to be affected
- Amount of the plan's liquid assets at the end of the quarter, and the amount of its disbursements for the quarter
- Most recent actuarial valuation report
- Name, address and phone number of plan trustee (and of any custodian)

Distribution to a Substantial Owner

- Name, address and phone number of person receiving the distribution(s)
- Amount, form and date of each distribution
- Most recent actuarial valuation report

Transfer of Benefit Liabilities

- Name, contributing sponsor and EIN/PN of 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.

Change in Contributing Sponsor or Controlled Group

- 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

Liquidation

- 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

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 whether the recipient was a member of the plan's controlled group

Application for Minimum Funding Waiver

- Copy of 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 or any notice of acceleration from lender

Bankruptcy or Similar Settlement

- Copy of bankruptcy petition or similar document
- Docket sheet or other list of documents filed
- 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