

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

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	Name / title of individual to contact
Street address of contributing sponsor	Street address of contact
City, State, Zip	City, State, Zip
EIN of contributing sponsor Plan number	Telephone number of contact Ext.
REPORTABLE EVENTS See instructions for	descriptions of these events. Check all boxes that apply.
☐ Change in contributing sponsor or controlled group	☐ Application for minimum funding waiver
☐ Liquidation	☐ Loan default
☐ Extraordinary dividend or stock redemption	☐ Bankruptcy or similar settlement
☐ Transfer of benefit liabilities	
BRIEF DESCRIPTION Briefly describe the	pertinent facts relating to the event.

ADDITIONAL INFORMATION TO BE FILED

Change in Contributing Sponsor or Controlled Group	Transfer of Benefit Liabilities
Expected effective date of event	 □ Name, contributing sponsor and EIN/PN of transferor plar and transferee plan(s)
 Description of the plan's old and new controlled group structures, including the name of each controlled group member 	 Explanation of the actuarial assumptions used in determining the value of benefit liabilities (and, if appropriate, plan assets) transferred
 Name of each plan maintained by any member of the plan's old and new controlled groups, its contributing sponsor(s) and EIN/PN 	☐ Estimate of the assets, liabilities, and number of participants whose benefits are transferred
☐ 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	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
Liquidation	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
Expected effective date of event	Loan Default
 Description of the plan's controlled group structure before and after the liquidation, including the name of each controlled group member 	Copy of the relevant loan documents (e.g., promissory note, security agreement)
 □ Name of each plan maintained by any member of the plan's controlled group, its contributing sponsor(s) and EIN/PN 	☐ Due date and amount of any missed payment
	☐ Copy of any written notice of default from lender
☐ Most recent actuarial valuation report for each plan in the controlled group	☐ Copy of any written notice of acceleration from lender
Extraordinary Dividend or Stock Redemption	Bankruptcy or Similar Settlement
□ Name and EIN of person making the distribution	 Copy of all papers filed in the relevant proceeding, including, but not limited to, petitions and supporting schedules
 Date and amount of cash distribution(s) during fiscal year 	☐ Last date for filing claims, if known
 Description, fair market value, and date or dates of any non-cash distributions 	 Name, address and phone number of any trustee, receiver or similar person
☐ Statement as to whether the recipient was a member of the plan's controlled group	 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