PBGC Form 1

Pension Benefit Guaranty Corporation

1997

Annual Premium Payment

For Plan Years Beginning in Calendar Year 1997

Check for Amended Filing ☐ (see instructions)

Check for Disaster Relief ☐ (see instructions)

See the 1997 Premium Payment Package for the instructions for Form 1

Approved OMB 1212-0009

Expires 2/28/98

AP9702 **412633**

Photocopies of this form may not be filed.

1. Plan Sponsor Check for address change ☐

Name

Address

City State

Zip Country if not USA

2. Plan Administrator Check for address change ☐

Check if same as plan sponsor and go to Item 3 ☐

Name

Address

City State

Zip Country if not USA

3. Employer Identification Number/Plan Number (EIN/PN)

(a) Enter 9-digit EIN (b) Enter 3-digit PN

(c) Does EIN/PN match entry on 1996 Form 5500? ☐ Yes ☐ No If no, attach explanation, check box in item 19, and enter EIN/PN from 1996 Form 5500: 9-digit EIN 3-digit PN

(d) Has a plan transferred any assets or liabilities to this plan since the last premium filing? (See instructions, page 11.)

☐ No ☐ Yes If yes, give EIN/PN of each transferor plan and date of transfer, and indicate whether it is a merger (M), consolidation (C), or spinoff (S).

Transferor's EIN/PN		Transfer Date	Transfer Type		
9-digit EIN	3-digit PN	M M D D Y Y Y Y	M	C	S
			☐	☐	☐
			☐	☐	☐

(If more than 2, attach a separate sheet that lists the additional EIN/PNs, dates, and transfer types, and check the box in Item 19.)

4. If the EIN/PN in Item 3 (a) and (b) above is NOT the same as on the most recent premium filing, enter both prior EIN and prior PN.

(a) Prior 9-digit EIN (b) Prior 3-digit PN (c) Effective Date of Change M M D D Y Y Y Y

5. Plan Coverage Status (check one) (a) ☐ Covered (b) ☐ Uncertain (If uncertain, you should file. See instructions, page 11.)

6. Is this the first premium filing for this plan? ☐ No ☐ Yes If yes, enter the following dates.

(a) Plan effective date M M D D Y Y Y Y

(b) Plan adoption date M M D D Y Y Y Y

(c) Plan coverage date

7. Is the plan terminated? (See instructions, page 12.) ☐ No ☐ Yes If yes, enter applicable date.

(a) Date assets distributed M M D D Y Y Y Y

(b) Date trustee appointed under ERISA sec. 4042 M M D D Y Y Y Y

8. Industry Code (enter 4 digits)

continue on page 2

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EIN/PN from Form 1 line 3 (a) and (b) — 9-digit EIN | 3-digit PN

9. **Name of Plan:**

10. **Name and Phone Number of Plan Contact**

(a) Name: (b) Area Code and Phone Number

11. **Plan Type (Check appropriate box to indicate type of plan and type of filing.)**

(a) ☐ Multiemployer plan (b) ☐ Single-Employer plan (Includes Multiple-Employer plan)

12. (a) This premium is for the plan year beginning: M M D D Y Y Y Y — 1 9 9 7

(b) This premium is for the plan year ending: M M D D Y Y Y Y

(c) ☐ Check here if the plan year beginning date has changed since last filing with PBGC

(d) Adoption date of plan year change: M M D D Y Y Y Y

13. (a) Enter PARTICIPANT COUNT for the plan year specified in Item 12 . . . . . 13(a)

(b) If this count does not equal the count on your 1996 Form 5500, enter the count from your 1996 Form 5500 . . . . . 13(b)

14. MULTIEMPLOYER plans:
Multiply line 13(a) by the $2.60 premium rate and enter amount 14

15. SINGLE-EMPLOYER plans: Compute your premium as indicated below:

(a) Flat rate premium: Multiply the participant count on line 13(a) by $19 . . . . . 15(a)

(b) Variable rate premium: From Schedule A, line 9 . . . . . 15(b)

(c) Total Premium: Add lines 15(a) and 15(b). Enter amount . . . . . 15(c)

16. Premium credits (See instructions, page 14):

(a) Amount paid with 1997 Form 1-ES. . . . . 16(a)

(b) Credit balance from previous years or other credit (See instructions, page 14). . . . . 16(b)

(c) Total Credit: Add lines 16(a) and 16(b). Enter amount . . . . . 16(c)

17. (a) Enter net amount of premium due. If amount on line 14 or 15(c) is LARGER than the amount on line 16(c), SUBTRACT line 16(c) from line 14 or 15(c) and enter amount due on line 17(a) . . . . . 17(a)

(b) Enter amount of check payable to Pension Benefit Guaranty Corporation . . . . . 17(b)

Mail Form 1 (including Schedule A for single-employer plans) and check to:
Pension Benefit Guaranty Corporation, P.O. Box 64880, Baltimore, MD 21264-4880.
Note: Each plan requires a separate Form 1 and a separate check. Put the EIN/PN shown in Item 3(a) and (b) on the check.
(For delivery service requiring street address, see Part D1 on page 7 of instructions.)

18. Overpayment. If amount on line 16(c) is LARGER than the amount on line 14 or 15(c), enter the amount of overpayment 18

See instructions for application of overpayments (page 14). An amount of overpayment not otherwise applied may be refunded or credited against the plan's next premium. If you want a refund, check here: ☐

19. If you have attachments other than Schedule A, check here: ☐ Put plan name (item 9) and EIN/PN (item 3(a) and (b)) on each.

20. Multiemployer Plan Declaration (NOTE: All SINGLE-EMPLOYER Plan Administrators MUST sign the certification in item 10 of Schedule A.) Under penalties of perjury (18 U.S.C. 1001), I declare that I have examined this filing, and to the best of my knowledge and belief it is true, correct and complete.

Signature of Multiemployer Plan Administrator — Date (M M D D Y Y Y Y)

Print or type first name of individual who signs — Print or type last name of individual who signs