PBGC Form 1-ES
Pension Benefit Guaranty Corporation
2005

Estimated Premium Payment

(Plans with 500 or more Participants in prior filing year)
For Plan Years Beginning in Calendar Year 2005

Check for Amended Filing ☐ Check for Disaster Relief ☐ (see instructions)

Approved OMB 1212-0009
PB0538 987435
Photocopies and downloaded forms may be filed (see instructions).

1. Plan Sponsor Check for name/address change ☐

Check if you do not want forms and instructions next year ☐

Name: Clark Gunn

Address: 2945 Banksville Rd

City: Tempe State: AZ Zip: 15216

2. Plan Administrator Check for name/address change ☐

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

Name: Phillip C. Collins

Address: 101117 Morehead Rd

City: Smithfield State: NC Zip: 27527

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

(a) Enter 9-digit EIN: 010111010

(b) Enter 3-digit PN: 001

(c) Has a plan other than yours ceased to exist in connection with any transfer of assets or liabilities from that plan to this plan since the most recent premium filing? [X] No ☐ Yes

If yes, give EIN/PN of each disappearing transferor plan and effective date of transfer, and indicate whether it was a merger (M), consolidation (C), or spinoff (S). (See definitions, page 8.)

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

(If more than 1, attach a separate sheet that lists the additional EIN/PNs, dates, and transfer types.)

4. If EIN and PN in item 3 (a) and (b) above are NOT BOTH the same as on 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 Information

(a) Plan Name: Test Plan Name Five

(b) Plan Year Beginning: M M 01 D D 01 Y Y Y Y 2005

(c) Plan Year Ending: M M 12 D D 31 Y Y Y Y 2005

6. Estimated premium for this plan

		Estimated Participant Count		
(a) Single-Employer	$19.00 X		=	$
(b) Multiemployer	$ 2.60 X	1624	=	$ 4,222.40

7. Premium credit balance (overpayment) from previous years or other credit
(including estimated short-year credit) (See instructions, pages 8-9.) $ 0

8. Amount Due

(a) Enter premium payment due (item 6 minus item 7) and submit payment to PBGC. $ 4,222.40

(b) Payment method (Check appropriate box to indicate the method for payment to PBGC.)

☐ Check ☐ Electronic Funds Transfer (See instructions.)

I certify under penalty of perjury that, to the best of my knowledge and belief, the information in items 1-5 and 7 of this form is true, correct and complete.

Signature of Plan Administrator

Date: M M 01 D D 17 Y Y Y Y 2005

Telephone Number (include Area Code): 222-222-2222

Print or type first name of individual who signs: Phillip C. Collins

Print or type last name of individual who signs

Business E-mail Address (Optional): phil.collins@testemail.com