

# LOCK-IN APPLICATION

## Part I. Plan Information

<hr/> <b>Beverage and Brewery Drivers Local Union No. 67 Pension Fund</b> <hr/>																					
Plan name																					
<hr/> <b>Plan Actuary</b> <hr/>					<hr/> <b>Brian Hartsell</b> <hr/>																
Role of filer					Name of filer																
<hr/> <b>1001 Conshohocken State Road, Suite 1-407</b> <hr/>																					
Street address of filer																					
<hr/> <b>West Conshohocken, PA 19428</b> <hr/>																					
City, State, ZIP Code of filer																					
<hr/> <table border="1"><tr><td>5</td><td>2</td><td>6</td><td>1</td><td>2</td><td>0</td><td>0</td><td>4</td><td>1</td></tr></table> <hr/> EIN					5	2	6	1	2	0	0	4	1	<hr/> <table border="1"><tr><td>0</td><td>0</td><td>1</td></tr></table> <hr/> PN					0	0	1
5	2	6	1	2	0	0	4	1													
0	0	1																			
<hr/> <b>Board of Trustees</b> <hr/>																					
Plan sponsor name																					
<hr/> <b>6710 Oxon Hill Road</b> <hr/>																					
Street address of plan sponsor																					
<hr/> <b>Oxon Hill, MD 20745</b> <hr/>																					
City, State, ZIP Code of plan sponsor																					
<hr/> <b>Brian Hartsell</b> <hr/>																					
Plan sponsor's authorized representative's name (if any; if none, then leave these spaces blank)																					
<hr/> <b>1001 Conshohocken State Road, Suite 1-407</b> <hr/>																					
Street address of authorized representative																					
<hr/> <b>West Conshohocken, PA 19428</b> <hr/>																					
City, State, ZIP Code of authorized representative																					
<hr/> <input type="checkbox"/> Check this box if this filing is a revised lock-in application. (If not, leave the box unchecked.)																					
<hr/> <b>Brian.Hartsell@McKeogh.com</b> <hr/>																					
Email address of plan sponsor																					
<hr/> <b>717-681-5760</b> <hr/>																					
Telephone number of plan sponsor																					
<hr/> <b>Brian.Hartsell@McKeogh.com</b> <hr/>																					
Email address of authorized representative																					
<hr/> <b>484-530-0692</b> <hr/>																					
Telephone number of authorized representative																					

## LOCK-IN APPLICATION

### Part II. Eligibility

The plan is eligible\* for SFA because it meets the criteria for eligibility under (check all that apply):

<input checked="" type="checkbox"/>	§ 4262.3(a)(1) of PBGC's SFA regulation
<input type="checkbox"/>	§ 4262.3(a)(2) of PBGC's SFA regulation
<input type="checkbox"/>	§ 4262.3(a)(3) of PBGC's SFA regulation**
<input type="checkbox"/>	§ 4262.3(a)(4) of PBGC's SFA regulation

\* PBGC will not verify a plan's assessment of its eligibility for SFA until it receives the plan's revised application. If PBGC determines that the plan was not eligible on the date when the lock-in application was filed (based on information available at the time the plan filed its lock-in application), then the lock-in application will not establish the plan's base data.

\*\*For information on how to determine eligibility under this provision, see Section D, Item (3)c of the general instructions.

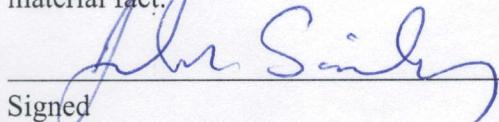
### Part III. Certification

This part must be signed and dated by an authorized trustee who is a current member of the board of trustees.

Under penalty of perjury under the laws of the United States of America, I declare that I am an authorized trustee who is a current member of the board of trustees of the: (insert plan name)  
Beverage and Brewery Drivers Local Union No. 67 Pension Fund

and that I have examined this application, and, to the best of my knowledge and belief, the application contains all the relevant facts relating to the application; all statements of fact contained in the application are true, correct, and not misleading because of omission of any material fact.

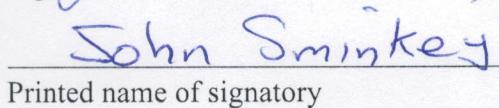
Signed



Date

12/18/2025

Printed name of signatory



Title

Trustee

## LOCK-IN APPLICATION

### Part IV. Statement of Intent

The part must be signed and dated by: (1) a trustee who is a current member of the board of trustees and authorized to sign on behalf of the board of trustees, or (2) another authorized representative of the plan sponsor. Part III and Part IV may but need not be signed by the same individual.

By submitting this lock-in application, I am submitting an initial application for SFA for: (insert plan name) Beverage and Brewery Drivers Local Union No. 67 Pension Fund, with the intent to lock in the plan's base data.

<u>Brian W. Hartsell</u>	12/19/2025
Signed	Date
<u>Brian Hartsell</u>	Actuary
Printed name of signatory	Title

### PAPERWORK REDUCTION ACT NOTICE

This section provides information on the time and cost estimates for preparing and filing the lock-in application. If you have any comments concerning the accuracy of these estimates or suggestions for making it simpler to submit the information, please send your comments to the Pension Benefit Guaranty Corporation, Office of the General Counsel, 445 12th Street, SW, Washington, DC 20024-2101.

Information filed with PBGC in an application for special financial assistance (SFA) is confidential only to the extent provided under the Privacy Act. PBGC may, in its sole discretion, post an application for SFA and any documents and information filed for the application on its website at [www.pbgc.gov](http://www.pbgc.gov), or otherwise publicly disclose the application, documents, and information, except information that is confidential under the Privacy Act.

PBGC will share with the U.S. Department of Labor and the Treasury Department (collectively, the Agencies) a plan's application, including any documents and information filed with PBGC, to enable the Agencies to fulfill their responsibilities under section 4262 of ERISA.

This information collection is necessary for PBGC to properly administer the SFA program. PBGC uses the information it receives in a plan's lock-in application to record the filing date for the plan's initial application for SFA.

PBGC estimates an average per plan hour burden of 1 hour of fund office time and an average cost burden of \$800 in contractor costs. These are estimates and the actual time and cost per plan will vary depending on the circumstances of a given filing and the size of the plan.

This collection of information has been approved by the Office of Management and Budget (OMB) under control number 1212-0074 (expires 05/31/2027). Under the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.