

Plan Information

Abbreviated Plan Name: IBEW PCPF

EIN: 94-6128032

PN: 001

**Special Financial Assistance Application Amendment
Section D, Item 1 – Cover Letter**

September 27, 2024

Via email

Pension Benefit Guarantee Corporation

1200 K Street, N.W.

Washington, DC 20005-4026

**Re: Request for Expedited Review of Revised Special Financial Assistance Application of the
I.B.E.W. Pacific Coast Pension Fund (IBEW PCPF)**

Dear Sir or Madam:

The I.B.E.W. Pacific Coast Pension Fund ("IBEW PCPF" or "Plan") is requesting expedited review of this revised application under the SFA Application Amendment process. In this revised application, the Plan requests \$70,463,335 of Special Financial Assistance ("SFA") in accordance with ERISA Section 4262, the Final Rule on Special Financial Assistance ("Final Rule") issued by the Pension Benefit Guaranty Corporation ("PBGC") on July 8, 2022, and publication PBGC SFA 22-07 Special Financial Assistance Assumptions ("Assumptions Guidance") as updated on November 1, 2023.

This letter is intended to serve as an SFA cover letter under Section D, Item 1 of the Instructions for Filing Requirements for Multiemployer Plan Applying for SFA ("Instructions"). The attachments to this letter contain the following updated information that is amended from the original filing:

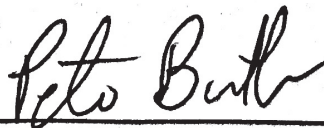
- Section D, Item 5: Narrative on development of assumed future contributions and withdrawal liability payments
- Section D, Item 6b: Rationale for assumption changes for determining the SFA amount

For any questions about this filing, please contact Kenneth "Grant" Camp, at the following:
grant.camp@milliman.com, (714) 933-1090.

Sincerely,



Clint Bryson, Chairman
Board of Trustees of the
I.B.E.W. Pacific Coast Pension Fund
September 27, 2024



Peter Butler, Co-Chairman
Board of Trustees of the
I.B.E.W. Pacific Coast Pension Fund
September 27, 2024

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Special Financial Assistance Application Amendment**Section D, Item 5: Narrative on development of assumed future contributions and withdrawal liability payments**

The section provides the required detailed narrative description of the development of assumed future contributions and withdrawal liability payments used to calculate the amount of SFA for the Plan. The assumed future contributions are made up of two separate assumptions: future contribution rates and future hours. Each is detailed below.

Contribution Rates

The contribution rate assumption used for purposes of projecting future contributions was based on the same assumption used in the April 1, 2020 PPA Certification, namely an average rate of \$8.74 per hour. This contribution rate was held stable through the projection period.

Hours

In developing the projected hours used for determining the amount of SFA in this amendment to the original filing, the Plan relied on the historical trend of the Plan's hours after removing the hours for withdrawn employers in order to isolate the decline due to industry contraction without regard to employer withdrawals. Below is the calculation of the geometric average rate of change in actual hours over the last 10 plan years – excluding the "COVID Period" of Plan Years ending March 31, 2020, March 31, 2021, and March 31, 2022.

Plan Year Ending March 31,	Total Hours	Hours Net of Withdrawn Employers	Rate of Change
2010	2,054,016	1,812,839	n/a
2011	2,066,112	1,863,603	1.03
2012	1,646,173	1,450,536	0.78
2013	1,538,848	1,353,435	0.93
2014	1,443,491	1,262,668	0.93
2015	1,563,155	1,398,428	1.11
2016	1,591,844	1,420,535	1.02
2017	1,396,877	1,239,483	0.87
2018	1,639,366	1,536,680	1.24
2019	1,546,658	1,491,840	0.97
2020	1,581,316	1,524,888	n/a (COVID)
2021	1,511,946	1,447,100	n/a (COVID)
2022	1,489,084	1,461,760	n/a (COVID)
Geometric Average Rate of Change			-2.14%

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As noted in the Assumptions Guidance, “given the difficulty of projecting industry trends over a 30-year period for any industry, it is important that the CBU assumption be supported by historical data and informed by recent trends.” The Assumptions Guidance also notes that the PBGC will generally not accept an assumption that is based on speculative changes in industry trends not supported by data.

The significant declines in the Plan’s hours, net of employer withdrawals, have been a result of multiple challenges including general decline in the industry covered by the Plan, the challenges of non-Union competition in a shrinking marketplace, and challenges stemming from the pension plan’s own funding situation. Each of these is summarized below:

- IBEW PCPF covers electrical workers both in the construction industry, primarily in the Tacoma, WA area, and marine electrical industry on the West Coast. Over the past several decades there has been a significant decline in the number of active shipyards on the West Coast which has led to a decline in hours for union electrical work in the marine industry. This has been coupled with difficulty maintaining the construction industry hours in the Tacoma, WA area due to competitive disadvantages related to the Plan’s funding situation discussed below.
- Due in large part to the additional contributions required under the rehabilitation plan, the Plan’s construction industry employers have struggled to maintain market share against non-Union competition with lower cost structures. Additionally, concerns regarding withdrawal liability exposure and potential future insolvency of the Plan are an impediment to signing on new employers to the collective bargaining agreement.
- The additional contributions under the rehabilitation plan are also an impediment to bringing new workers into the electrical industry in Tacoma, WA. The trade-off of contributions compared to benefits, and the common knowledge of this Plan’s challenging funding situation, has led prospective new workers to choose to join the electrical industry in other locations.

There are many systemic issues and trends that have led to the decline over the last decade, and any turn-around in these trends would be speculative. In addition, there is significant concern that even if there is an increase in construction work, there would not be enough local Union labor supply in the Tacoma, WA area to perform the work.

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Based on the geometric average rate of change calculated above and the PBGC's Assumptions Guidance, the Plan's total contributory hours used for purposes of this application are assumed to **decrease 2.14% per year for the first 10 years starting with the assumed hours for the plan year starting April 1, 2018 (decreases occurring from the plan year starting 2019 through the plan year starting 2028), and then 1% per year for each subsequent year through 2051**. The resulting projected hours are shown below:

Plan Year Ending March 31,	Projected Hours	Year	Projected Hours
2023	1,368,063	2038	1,097,484
2024	1,338,757	2039	1,086,509
2025	1,310,080	2040	1,075,644
2026	1,282,017	2041	1,064,888
2027	1,254,555	2042	1,054,239
2028	1,227,681	2043	1,043,696
2029	1,201,383	2044	1,033,259
2030	1,189,369	2045	1,022,927
2031	1,177,475	2046	1,012,698
2032	1,165,701	2047	1,002,571
2033	1,154,044	2048	992,545
2034	1,142,503	2049	982,619
2035	1,131,078	2050	972,793
2036	1,119,767	2051	963,065
2037	1,108,570		

In applying the 2.14% decrease, we started with the April 1, 2018 to March 31, 2019 hours of 1,491,840 as the base year. This starting point reflects the removal of hours for all employers who withdrew prior to the SFA measurement date, consistent with how the 2.14% decline was developed. Starting from this point produces anticipated hours of 1,338,757 for the plan year ending March 31, 2024 which is consistent with actual hours of 1,325,065 based on the unaudited hours report provided by the Plan's third party administrator.

The projected hours shown above are consistent with the information provided in Milliman's August 8, 2024 response to the PBGC's questions from August 2, 2024 regarding the original SFA filing.

Withdrawal Liability

For purposes of this application, only known payments that are expected to be received after the measurement date are reflected. Currently, there are no anticipated withdrawal liability payments expected to be received after the measurement date.

The assumption for future declines in hours was developed net of employer withdrawals and reflects only contraction in the work levels for the employers continuing to perform work under the Plan. Thus, we are not assuming any future withdrawals, nor any future withdrawal liability collections.

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Special Financial Assistance Application Amendment**Section D, Item 6b: Rationale for assumption changes for determining the SFA amount**

Below is a detailed explanation and supporting rationale, as well as information as to why the original assumption is no longer reasonable and the changed assumptions are reasonable, for the assumptions that are updated in this amendment to the original SFA application.

CBU (Hours)	
Original assumption	<p>The original assumption reflected the following projected contributory hours:</p> <ul style="list-style-type: none"> ○ For the 2020 plan year: 1,550,000 hours ○ For each subsequent year: 1,550,000 hours
SFA assumption	<p>The SFA assumption assumes that contributory hours decrease 2.14% per year starting from the 1,491,840 hours assumed for the Plan Year ending March 31, 2019, for the next 10 years (plan years beginning 2019-2028), and then decrease 1% per year each year thereafter through the end of the SFA projection period (March 31, 2051).</p>
Reason original assumption is not reasonable	<p>The original assumption is not reasonable for the determination of the SFA amount because:</p> <ul style="list-style-type: none"> ○ It anticipated stability in hours based on a speculative industry trend that did not ultimately occur, and ○ It did not reflect the Plan's experience through the SFA measurement date.
Reason SFA assumption is reasonable	<p>The updated assumption is reasonable because it reflects the Plan's experience through the SFA measurement date, and the Trustees' expectations of the Plan's future experience in light of the electrical industry's current situation in Tacoma and West Coast shipyards. Assuming the Plan's recent historical trend will reverse itself in the future would require speculative anticipated changes in industry trends that are not supported by data or by any actions or events known as of the date of this application.</p> <p>The detailed narrative supporting the changes to the CBU assumption is included in the SFA application under Section D, Item 5.</p> <p>The updated assumption is consistent with the "generally acceptable" change in the PBGC's Assumptions Guidance document.</p>

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New Entrant Profile	
Original assumption	New entrants were assumed to mirror the demographic profile of the entire active population from the April 1, 2019 actuarial valuation.
SFA assumption	New entrants are assumed to reflect the distribution of age, service, benefits, and gender based on the characteristics of the Plan's new entrants and rehires, including vested terminated rehires, in the five years preceding the Plan's SFA measurement date (2017-2021).
Reason original assumption is not reasonable	The original assumption is no longer reasonable because it was not sufficiently refined for the purposes of calculating the Plan's SFA amount.
Reason SFA assumption is reasonable	<p>The updated assumption is reasonable because it reflects the characteristics of the Plan's actual new entrants over the latest available five-year experience period through March 31, 2022. The updated new entrant profile and the experience upon which the SFA application are detailed in Exhibit A.</p> <p>The updated assumption is consistent with the "acceptable" change in the PBGC's Assumptions Guidance document.</p>

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Exhibit A: New Entrant Profile

Consistent with PBGC guidance, the new entrant profile is based on characteristics of actual new entrants and rehires within the most recent five plan years preceding the Plan's SFA measurement date. This reflects all new entrants and rehires, not just those remaining in service.

Assumptions for new entrant and rehire profiles

New entrants are based on the distribution below:

<u>Age Range</u>	<u>Age Weighting</u>	<u>Average</u>	<u>Percentage</u>	<u>Average Benefit</u>
	<u>Assumption</u>	<u>Annual Benefit</u>	<u>Male</u>	<u>Service</u>
15 to 19	0.4%	\$316	100.0%	0.92
20 to 24	8.3%	296	95.3	0.93
25 to 29	15.6%	375	91.7	0.93
30 to 34	18.9%	536	94.5	1.58
35 to 39	16.0%	550	94.3	2.84
40 to 44	10.4%	623	93.8	3.44
45 to 49	9.1%	628	94.3	4.25
50 to 54	8.7%	591	97.0	8.60
55 to 60+	12.7%	681	98.0	9.97

In addition to the distributions shown above, the following assumptions also apply to the new entrants:

- For rehired Terminated Vested participants, only the additional benefit accrued in the first year of rehire is included in the average annual benefit for the new entrant assumption.
- Approximately 8% of the new entrant profiles are assumed to be on the default rehabilitation plan schedule and the remaining 92% are assumed to be on alternate schedule 4. Alternate schedule 4 retained the disability benefit, while the default schedule eliminated this benefit. Otherwise, the benefits under these rehabilitation plan schedules are identical.
- Assumed to work the same average hours as the current active population, which is 1,563.5 hours per year.
- Assumed to work at a total contribution rate of \$8.74, which is the assumption from the April 1, 2020 PPA Certification. Note that \$3.51 is the benefit accruing portion of this rate.

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Supporting information

A summary of the new entrants and rehires for the prior 5 years is shown below.

2018 valuation data (2017 plan year)			
<u>Age Range</u>	<u>Count</u>	<u>Average Annual Benefit</u>	<u>Average Benefit Service</u>
15 to 19	0	\$ 0	0.0
20 to 24	9	320	1.1
25 to 29	27	401	1.0
30 to 34	37	448	1.8
35 to 39	27	595	4.4
40 to 44	23	825	4.2
45 to 49	16	501	7.1
50 to 54	17	619	13.4
55 to 60+	30	1,023	10.1

2019 valuation data (2018 plan year)			
<u>Age Range</u>	<u>Count</u>	<u>Average Annual Benefit</u>	<u>Average Benefit Service</u>
15 to 19	1	\$321	0.8
20 to 24	9	275	0.9
25 to 29	22	345	0.8
30 to 34	30	569	1.7
35 to 39	20	508	2.8
40 to 44	17	636	1.3
45 to 49	13	594	4.6
50 to 54	11	643	11.0
55 to 60+	22	563	7.4

2020 valuation data (2019 plan year)			
<u>Age Range</u>	<u>Count</u>	<u>Average Annual Benefit</u>	<u>Average Benefit Service</u>
15 to 19	0	\$ 0	0.0
20 to 24	12	260	0.9
25 to 29	23	350	0.9
30 to 34	33	510	1.5
35 to 39	23	509	2.1
40 to 44	16	460	2.6
45 to 49	10	549	2.5
50 to 54	11	619	4.1
55 to 60+	11	546	10.3

2021 valuation data (2020 plan year)			
<u>Age Range</u>	<u>Count</u>	<u>Average Annual Benefit</u>	<u>Average Benefit Service</u>
15 to 19	2	\$314	1.0
20 to 24	16	353	0.9
25 to 29	21	441	1.0
30 to 34	18	343	1.1
35 to 39	27	693	2.3
40 to 44	15	592	4.0
45 to 49	10	1,037	2.2
50 to 54	11	476	8.4
55 to 60+	20	557	9.5

2022 valuation data (2021 plan year)			
<u>Age Range</u>	<u>Count</u>	<u>Average Annual Benefit</u>	<u>Average Benefit Service</u>
15 to 19	0	\$ 0	0.0
20 to 24	18	268	0.9
25 to 29	27	345	0.9
30 to 34	28	773	1.6
35 to 39	26	424	2.4
40 to 44	9	424	6.3
45 to 49	21	587	3.7
50 to 54	17	587	5.3
55 to 60+	15	436	13.8

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Percentage Male Assumption Support

<u>Age Range</u>	<u>Male Count</u>	<u>Female Count</u>	<u>Percentage Male</u>
15 to 19	3	0	100.0%
20 to 24	61	3	95.3
25 to 29	110	10	91.7
30 to 34	138	8	94.5
35 to 39	116	7	94.3
40 to 44	75	5	93.8
45 to 49	66	4	94.3
50 to 54	65	2	97.0
55 to 60+	96	2	98.0

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Special Financial Assistance Application**Section E, Item 5 – SFA Amount Certification**

The revised application filed on behalf of the I.B.E.W. Pacific Coast Pension Fund (“IBEW PCPF”) sets forth the Special Financial Assistance (SFA) amount to which the Plan is eligible under the American Rescue Plan (ARP) Act of 2021, as outlined in section 4262(j)(1) of the Employee Retirement Income Security Act of 1974 (ERISA) and PBGC’s SFA regulation (29 CFR part 4262.4). Based on the actuarial assumptions and data described herein and an SFA measurement date of December 31, 2022, we certify that the amount of \$70,463,335 has been calculated pursuant to ERISA Section 4262(j)(1) and PBGC’s Final Rule (29 CFR part 4262.4) effective September 27, 2024. We further certify that the census data was adjusted to reflect the results of a recently completed death audit and PBGC’s independently completed death audit. A reconciliation of the counts and description of the treatment of the identified deaths is shown in Section B, Item 9a of the SFA application.

This application uses the same actuarial assumptions and methods used in the pre-2021 actuarial certification with the assumption changes described in Section D, Item 6 of the SFA application. In our opinion, each assumption used is reasonable (taking into account the experience of the Plan and reasonable expectations) for the purpose of the SFA application.

The results in this report were developed using models intended for actuarial valuations and experience studies that use standard actuarial techniques. Please see Appendix E of our April 1, 2022 actuarial valuation report for a disclosure and assessment of risks associated with these calculations.

Reliance

In preparing the report, we relied on our April 1, 2019 actuarial valuation, and, without audit, information (some oral and some in writing) supplied by the Plan’s administrator, auditor, investment consultant, investment managers and legal counsel. This information includes, but is not limited to, plan documents and provisions, participant data, and financial information. The participant data used for purposes of this application is based on the data used for the April 1, 2022 actuarial valuation as adjusted to reflect the results of a recently completed death audit and PBGC’s independently completed death audit. We found this information to be reasonably consistent and comparable with information used for other purposes. The results depend on the integrity of this information. If any of this information is incomplete or inaccurate, our results may be different and our calculations may need to be revised.

Limited Use

Actuarial computations presented here were prepared to determine the amount of the Plan’s SFA as outlined in section 4262(j)(1) of the Employee Retirement Income Security Act of 1974 (ERISA) and PBGC’s SFA Final Rule (29 CFR part 4262.4). Determinations for other purposes may yield significantly different results from those shown in this report. Other calculations may be needed for other purposes, such as judging benefit security at termination.

Future actuarial measurements may differ significantly from the current measurements presented in this report due to factors such as, but not limited to the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic

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assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost or contribution requirements based on plan funded status); and changes in plan provisions or applicable law.

Limited Distribution

Milliman's work is prepared solely for the internal business use of the Board of Trustees of the I.B.E.W. Pacific Coast Pension Fund (the "Plan Sponsor") and may not be provided to third parties without our prior written consent. We understand that this application will be provided to the Pension Benefit Guaranty Corporation and the Treasury Department, and may be published in its entirety on PBGC's publicly accessible website. Milliman does not intend to benefit or create a legal duty to any third party recipient of its work product. Milliman's consent to release its work product to any third party may be conditioned on the third party signing a release, subject to the following exceptions:

- The Plan Sponsor may provide a copy of Milliman's work, in its entirety, to the Plan's professional service advisors who are subject to a duty of confidentiality and who agree to not use Milliman's work for any purpose other than to benefit the Plan.
- The Plan Sponsor may distribute certain work product that Milliman and the Plan Sponsor mutually agree is appropriate as may be required by law.

Any third party recipient of this work product who desires professional guidance should not rely upon Milliman's work product, but should engage qualified professionals for advice appropriate to its own specific needs.

The consultants who worked on this assignment are actuaries. Milliman's advice is not intended to be a substitute for qualified legal or accounting counsel.

Actuarial Qualifications

On the basis of the foregoing, I hereby certify that to the best of my knowledge and belief, this report is complete and accurate and has been prepared in accordance with generally recognized and accepted actuarial principles and practices which are consistent with the principles prescribed by the Actuarial Standards Board and the Code of Professional Conduct and Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States promulgated by the American Academy of Actuaries. I am a member of the American Academy of Actuaries and meet its Qualification Standards to render the actuarial opinion contained herein.



Kenneth "Grant" Camp FSA, EA, MAAA

Enrolled Actuary #23-07456

September 27, 2024

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	LB.E.W. Pacific Coast Pension Fund (IBEW PCPF)
EIN:	94-6128032
PN:	001
SFA Amount Requested:	\$70,463,335.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

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Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

-----Filers provide responses here for each Checklist Item:-----

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
Plan Information, Checklist, and Certifications									
a.		Is this application a revised application submitted after the denial of a previously filed application for SFA?	Yes No	No	N/A	N/A	The Plan filed a Lock-In Application on March 11, 2023	N/A	N/A
b.		Is this application a revised application submitted after a plan has withdrawn its application for SFA that was initially submitted under the interim final rule?	Yes No	No	N/A	N/A		N/A	N/A
c.		Is this application a revised application submitted after a plan has withdrawn its application for SFA that was submitted under the final rule?	Yes No	Yes	N/A	N/A	The Plan is requesting an expedited review under the application amendment process	N/A	N/A
d.		Did the plan previously file a lock-in application?	Yes No	Yes	N/A	N/A	The Plan filed a Lock-In Application on March 11, 2023	N/A	N/A
e.		Has this plan been terminated?	Yes No	No	N/A	N/A		N/A	N/A
f.		Is this plan a MPRA plan as defined under § 4262.4(a)(3) of PBGC's SFA regulation?	Yes No	No	N/A	N/A		N/A	N/A
1.	Section B, Item (1)a.	Does the application include the most recent plan document or restatement of the plan document and all amendments adopted since the last restatement (if any)?	Yes No	Yes	"IBEW PC 4-1-2015 Restatement FULLY EXECUTED" "IBEW PCPF Plan Doc Amend 1-11"	N/A	Provided in initial application	Pension plan documents, all versions available, and all amendments signed and dated	N/A
2.	Section B, Item (1)b.	Does the application include the most recent trust agreement or restatement of the trust agreement, and all amendments adopted since the last restatement (if any)?	Yes No	Yes	"August 18 2022 Fully Executed PCPF Trust Agreement Restatement"	N/A	Provided in initial application	Pension plan documents, all versions available, and all amendments signed and dated	N/A
3.	Section B, Item (1)c.	Does the application include the most recent IRS determination letter? Enter N/A if the plan does not have a determination letter.	Yes No N/A	Yes	"2021 Determination Letter 10.27.21"	N/A	Provided in initial application	Pension plan documents, all versions available, and all amendments signed and dated	N/A
4.	Section B, Item (2)	Does the application include the actuarial valuation report for the 2018 plan year and each subsequent actuarial valuation report completed before the filing date of the initial application? Enter N/A if no actuarial valuation report was prepared because it was not required for any requested year. Is each report provided as a separate document using the required filename convention?	Yes No N/A	Yes	"2018AVR_IBEW_PCPF" "2019AVR_IBEW_PCPF" "2020AVR_IBEW_PCPF" "2021AVR_IBEW_PCPF" "2022AVR_IBEW_PCPF"	N/A	Provided in initial application Five reports are provided for April 1, 2018 through April 1, 2022	Most recent actuarial valuation for the plan	YYYYAVR Plan Name
5.a.		Does the application include the most recent rehabilitation plan (or funding improvement plan, if applicable), including all subsequent amendments and updates, and the percentage of total contributions received under each schedule of the rehabilitation plan or funding improvement plan for the most recent plan year available?	Yes No	Yes	"2023 Updated Rehabilitation Plan Schedule SIGNED" "IBEW PCPF SFA Section B - RehabPct"	N/A	Provided in initial application	Rehabilitation plan (or funding improvement plan, if applicable)	N/A

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:

LB.E.W. Pacific Coast Pension Fund (IBEW PCPF)

EIN:

94-6128032

PN:

001

SFA Amount Requested:

\$70,463,335.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

v20240717p

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

-----Filers provide responses here for each Checklist Item:-----

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
5.b.	Section B, Item (3)	If the most recent rehabilitation plan does not include historical documentation of rehabilitation plan changes (if any) that occurred in calendar year 2020 and later, does the application include an additional document with these details? Enter N/A if the historical document is contained in the rehabilitation plans.	Yes No N/A	N/A	Included as part of documents in Checklist Item #5.a.	N/A	Provided in initial application The changes since 2020 are reported in the current rehabilitation plan.	Rehabilitation plan (or funding improvement plan, if applicable)	N/A
6.	Section B, Item (4)	Does the application include the plan's most recently filed (as of the filing date of the initial application) Form 5500 (Annual Return/Report of Employee Benefit Plan) and all schedules and attachments (including the audited financial statement)? Is the 5500 filing provided as a single document using the required filename convention?	Yes No	Yes	"2021Form5500_IBEW_PCPF"	N/A	Provided in initial application	Latest annual return/report of employee benefit plan (Form 5500)	YYYYForm5500 Plan Name
7.a.	Section B, Item (5)	Does the application include the plan actuary's certification of plan status ("zone certification") for the 2018 plan year and each subsequent annual certification completed before the filing date of the initial application? Enter N/A if the plan does not have to provide certifications for any requested plan year. Is each zone certification (including the additional information identified in Checklist Items #7.b. and #7.c. below, if applicable) provided as a single document, separately for each plan year, using the required filename convention?	Yes No N/A	Yes	"2018Zone20180628_IBEW_PCPF" "2019Zone20190628_IBEW_PCPF" "2020Zone20200629_IBEW_PCPF" "2021Zone20210629_IBEW_PCPF" "2022Zone20220629_IBEW_PCPF"	N/A	Provided in initial application Five certifications are provided for April 1, 2018 through April 1, 2022	Zone certification	YYYYZoneYYYYMMDD Plan Name, where the first "YYYY" is the applicable plan year, and "YYYYMMDD" is the date the certification was prepared.
7.b.		Does the application include documentation for all zone certifications that clearly identifies all assumptions used including the interest rate used for funding standard account purposes? If such information is provided in an addendum, addendums are only required for the most recent actuarial certification of plan status completed before January 1, 2021 and each subsequent annual certification. Is this information included in the single document in Checklist Item #7.a. for the applicable plan year? Enter N/A if the plan entered N/A for Checklist Item #7a.	Yes No N/A	Yes	N/A - include as part of documents in Checklist Item #7.a.	N/A		N/A - include as part of documents in Checklist Item #7.a.	N/A - included in a single document for each plan year - See Checklist Item #7.a.

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	LB.E.W. Pacific Coast Pension Fund (IBEW PCPF)
EIN:	94-6128032
PN:	001
SFA Amount Requested:	\$70,463,335.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

v20240717p

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

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Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
7.c.		For a certification of critical and declining status, does the application include the required plan-year-by-plan-year projection (showing the items identified in Section B, Item (5)a. through (5)f. of the SFA Instructions) demonstrating the plan year that the plan is projected to become insolvent? If required, is this information included in the single document in Checklist Item #7.a. for the applicable plan year? Enter N/A if the plan entered N/A for Checklist Item #7.a. or if the application does not include a certification of critical and declining status.	Yes No N/A	N/A	N/A - include as part of documents in Checklist Item #7.a.	N/A	IBEW PCPF was not certified as Critical and Declining prior to the filing.	N/A - include as part of documents in Checklist Item #7.a.	N/A - included in a single document for each plan year - See Checklist Item #7.a.
8.	Section B, Item (6)	Does the application include the most recent account statements for each of the plan's cash and investment accounts? Insolvent plans may enter N/A, and identify in the Plan Comments that this information was previously submitted to PBGC and the date submitted.	Yes No N/A	Yes	"Assset_Statements_IBEW_PCPF"	N/A	Provided in initial application	Bank/Asset statements for all cash and investment accounts	N/A
9.	Section B, Item (7)	Does the application include the most recent plan financial statement (audited, or unaudited if audited is not available)? Insolvent plans may enter N/A, and identify in the Plan Comments that this information was previously submitted to PBGC and the date submitted.	Yes No N/A	Yes	"PCP Financial 2022 12" "PCP Financial 2022 03" "03312022PlanFinancialStmt_IBEW_PCPF"	N/A	Provided in initial application Beginning of plan year and measurement date unaudited financial statements provided. Audited financial statement a 3-31-2022 is included in the Form 5500 under checklist item #6.	Plan's most recent financial statement (audited, or unaudited if audited not available)	N/A
10.	Section B, Item (8)	Does the application include all of the plan's written policies and procedures governing the plan's determination, assessment, collection, settlement, and payment of withdrawal liability? Are all such items included as a single document using the required filenaming convention?	Yes No N/A	Yes	"WDL_IBEW_PCPF"	N/A	Provided in initial application	Pension plan documents, all versions available, and all amendments signed and dated	WDL Plan Name
11.a.	Section B, Item (9)a.	Does the application include documentation of a death audit to identify deceased participants that was completed on the census data used for SFA purposes, including identification of the service provider conducting the audit, date performed, the participant counts (provided separately for current retirees and beneficiaries, current terminated vested participants not yet in pay status, and current active participants) run through the death audit, and a copy of the results of the audit provided to the plan administrator by the service provider? If applicable, has personally identifiable information in this report been redacted prior to submission to PBGC? Is this information included as a single document using the required filenaming convention?	Yes No	Yes	"DeathAudit_IBEW_PCPF"	N/A	Provided in initial application	Pension plan documents, all versions available, and all amendments signed and dated	Death Audit Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:

IB.E.W. Pacific Coast Pension Fund (IBEW PCPF)

EIN:

94-6128032

PN:

001

SFA Amount Requested:

\$70,463,335.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

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Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

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Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
11.b.		If any known deaths occurred before the date of the census data used for SFA purposes, is a statement certifying these deaths were reflected for SFA calculation purposes provided?	Yes No N/A	Yes	N/A - include as part of documents in Checklist Item #11.a.	N/A		N/A	N/A - include as part of documents in Checklist Item #11.a.
11.c.	Section B, Item (9)b. & Item (9)c.	Does the application include full census data (Social Security Number, name, and participant status) of all participants that were included in the SFA projections? Is this information provided in Excel, or in an Excel-compatible format? Or, if this data was submitted in advance of the application, in accordance with Section B, Item (9)c. of the Instructions, does the application contain a description of how the results of PBGC's independent death audit are reflected for SFA calculation purposes?	Yes No N/A	Yes		N/A	Provided in initial application Full census previously submitted to PBGC via Leapfile	Submit the data file and the date of the census data through PBGC's secure file transfer system, Leapfile. Go to http://pbgc.leapfile.com, click on "Secure Upload" and then enter sfa@pbgc.gov as the recipient email address and upload the file(s) for secure transmission.	Include as the subject "Submission of Terminated Vested Census Data for (Plan Name)," and as the memo "(Plan Name) terminated vested census data dated (date of census data) through Leapfile for independent audit by PBGC."
12.	Section B, Item (10)	Does the application include information required to enable the plan to receive electronic transfer of funds if the SFA application is approved, including (if applicable) a notarized payment form? See SFA Instructions, Section B, Item (10).	Yes No	Yes	"ACH-Vendor_Form-IBEW_PCPF" "Notarized Letter 2023 03 16"	N/A	Provided in initial application	Other	N/A
13.	Section C, Item (1)	Does the application include the plan's projection of expected benefit payments that should have been attached to the Form 5500 Schedule MB in response to line 8b(1) on the Form 5500 Schedule MB for plan years 2018 through the last year the Form 5500 was filed by the filing date of the initial application? Enter N/A if the plan is not required to respond Yes to line 8b(1) on the Form 5500 Schedule MB. See Template 1. Does the uploaded file use the required filenaming convention?	Yes No N/A	Yes	"Template_1_IBEW_PCPF"	N/A	Provided in initial application	Financial assistance spreadsheet (template)	Template 1 Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	LB.E.W. Pacific Coast Pension Fund (IBEW PCPF)
EIN:	94-6128032
PN:	001
SFA Amount Requested:	\$70,463,335.00

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

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Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
14.	Section C, Item (2)	If the plan was required to enter 10,000 or more participants on line 6f of the most recently filed Form 5500 (by the filing date of the initial application), does the application include a current listing of the 15 largest contributing employers (the employers with the largest contribution amounts) and the amount of contributions paid by each employer during the most recently completed plan year before the filing date of the initial application (without regard to whether a contribution was made on account of a year other than the most recently completed plan year)? If this information is required, it is required for the 15 largest contributing employers even if the employer's contribution is less than 5% of total contributions. Enter N/A if the plan is not required to provide this information. See Template 2. Does the uploaded file use the required filenaming convention?	Yes No N/A	N/A	N/A	N/A	IBEW PCPF has never had 10,000 or more participants	Contributing employers	Template 2 Plan Name
15.	Section C, Item (3)	Does the application include historical plan information for the 2010 plan year through the plan year immediately preceding the date the plan's initial application was filed that separately identifies: total contributions, total contribution base units (including identification of the unit used), average contribution rates, and number of active participants at the beginning of each plan year? For the same period, does the application show all other sources of non-investment income such as withdrawal liability payments collected, reciprocity contributions (if applicable), additional contributions from the rehabilitation plan (if applicable), and other identifiable sources of contributions? See Template 3. Does the uploaded file use the required filenaming convention?	Yes No	Yes	"Template_3_IBEW_PCPF"	N/A	Provided in initial application	Historical Plan Financial Information (CBUs, contribution rates, contribution amounts, withdrawal liability payments)	Template 3 Plan Name
16.a.	Section C, Items (4)a., (4)e., and (4)f.	Does the application include the information used to determine the amount of SFA for the plan using the basic method described in § 4262.4(a)(1) based on a deterministic projection and using the actuarial assumptions as described in § 4262.4(e)? See Template 4A, 4A-4 SFA Details .4(a)(1) sheet and Section C, Item (4) of the SFA Filing Instructions for more details on these requirements. Does the uploaded file use the required filenaming convention?	Yes No	Yes	"Template_4a_IBEW_PCPF_Amended"	N/A	This template has been updated for the amended filing	Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 4A Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	LB.E.W. Pacific Coast Pension Fund (IBEW PCPF)
EIN:	94-6128032
PN:	001
SFA Amount Requested:	\$70,463,335.00

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Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
16.b.i.	Addendum D Section C, Item (4)a. - MPRA plan information A. Addendum D Section C, Item (4)e. - MPRA plan information A.	If the plan is a MPRA plan, does the application also include the information used to determine the amount of SFA for the plan using the <u>increasing assets method</u> described in § 4262.4(a)(2)(i) based on a deterministic projection and using the actuarial assumptions as described in § 4262.4(e)? See Template 4A, <i>4A-5 SFA Details .4(a)(2)(i)</i> sheet and Addendum D for more details on these requirements. Enter N/A if the plan is not a MPRA Plan.	Yes No N/A	N/A	N/A - included as part of Template 4A Plan Name	N/A	IBEW PCPF is not a MPRA plan	N/A	N/A - included in Template 4A Plan Name
16.b.ii.	Addendum D Section C, Item (4)f. - MPRA plan information A.	If the plan is a MPRA plan for which the requested amount of SFA is determined using the <u>increasing assets method</u> described in § 4262.4(a)(2)(i), does the application also explicitly identify the projected SFA exhaustion year based on the <u>increasing assets method</u> ? See Template 4A, <i>4A-5 SFA Details .4(a)(2)(i)</i> sheet and Addendum D. Enter N/A if the plan is not a MPRA Plan or if the requested amount of SFA is determined based on the present value method.	Yes No N/A	N/A	N/A - included as part of Template 4A Plan Name	N/A	IBEW PCPF is not a MPRA plan	N/A	N/A - included in Template 4A Plan Name
16.b.iii.	Addendum D Section C, Item (4)a. - MPRA plan information B Addendum D Section C, Item (4)e. (4)f., and (4)g. - MPRA plan information B.	If the plan is a MPRA plan for which the requested amount of SFA is determined using the <u>present value method</u> described in § 4262.4(a)(2)(ii), does the application also include the information for such plans as shown in Template 4B, including <i>4B-1 SFA Ben Pmts</i> sheet, <i>4B-2 SFA Details 4(a)(2)(ii)</i> sheet, and <i>4B-3 SFA Exhaustion</i> sheet? See Addendum D and Template 4B. Enter N/A if the plan is not a MPRA Plan or if the requested amount of SFA is determined based on the increasing assets method.	Yes No N/A	N/A		N/A	IBEW PCPF is not a MPRA plan	N/A	Template 4B Plan Name
16.c.	Section C, Items (4)b. and (4)c.	Does the application include identification of the non-SFA interest rate and the SFA interest rate, including details on how each was determined? See Template 4A, <i>4A-1 Interest Rates</i> sheet.	Yes No	Yes	N/A - included as part of Template 4A Plan Name	N/A		N/A	N/A - included in Template 4A Plan Name
16.d.	Section C, Item (4).e.ii.	For each year in the SFA coverage period, does the application include the projected benefit payments (excluding make-up payments, if applicable), separately for current retirees and beneficiaries, current terminated vested participants not yet in pay status, current active participants, and new entrants? See Template 4A, <i>4A-2 SFA Ben Pmts</i> sheet.	Yes No	Yes	N/A - included as part of Template 4A Plan Name	N/A		N/A	N/A - included in Template 4A Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	LB.E.W. Pacific Coast Pension Fund (IBEW PCPF)
EIN:	94-6128032
PN:	001
SFA Amount Requested:	\$70,463,335.00

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Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
16.e.	Section C, Item (4)e.iv. and (4)e.v.	For each year in the SFA coverage period, does the application include a breakdown of the administrative expenses between PBGC premiums and all other administrative expenses? Does the application include the projected total number of participants at the beginning of each plan year in the SFA coverage period? See Template 4A, 4A-3 SFA Pcount and Admin Exp sheet.	Yes No	Yes	N/A - included as part of Template 4A Plan Name	N/A		N/A	N/A - included in Template 4A Plan Name
17.a.	Section C, Item (5)	<p>For a plan that is not a MPRA plan, does the application include a separate deterministic projection ("Baseline") in the same format as Checklist Items #16.a., #16.d., and #16.e. that shows the amount of SFA that would be determined using the <u>basic method</u> if the assumptions/methods used are the same as those used in the most recent actuarial certification of plan status completed before January 1, 2021 ("pre-2021 certification of plan status") excluding the plan's non-SFA interest rate and SFA interest rate, which should be the same as in Checklist Item #16.a.? See Section C, Item (5) of the SFA Filing Instructions for other potential exclusions from this requirement.</p> <p>If (a) the plan is a MPRA plan, or if (b) this item is not required for a plan that is not a MPRA plan, enter N/A. If entering N/A due to (b), add information in the Plan Comments to explain why this item is not required.</p> <p>Does the uploaded file use the required filenaming convention?</p>	Yes No N/A	Yes	"Template_5a_IBEW_PCPF_Amended"	N/A	This template has been updated for the amended filing	Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 5A Plan Name
17.b.	Addendum D Section C, Item (5)	<p>For a MPRA plan for which the requested amount of SFA is determined using the <u>increasing assets method</u>, does the application include a separate deterministic projection ("Baseline") in the same format as Checklist Items #16.b.i., #16.d., and #16.e. that shows the amount of SFA that would be determined using the <u>increasing assets method</u> if the assumptions/methods used are the same as those used in the most recent actuarial certification of plan status completed before January 1, 2021 ("pre-2021 certification of plan status") excluding the plan's non-SFA interest rate and SFA interest rate, which should be the same as used in Checklist Item #16.b.i.? See Section C, Item (5) of the SFA Filing Instructions for other potential exclusions from this requirement. Also see Addendum D.</p> <p>If the plan is (a) not a MPRA plan, (b) a MPRA plan using the present value method, or (c) is otherwise not required to provide this item, enter N/A. If entering N/A due to (c), add information in the Plan Comments to explain why this item is not required.</p> <p>Does the uploaded file use the required filenaming convention?</p>	Yes No N/A	N/A	N/A	N/A	IBEW PCPF is not a MPRA plan	Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 5A Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	LB.E.W. Pacific Coast Pension Fund (IBEW PCPF)
EIN:	94-6128032
PN:	001
SFA Amount Requested:	\$70,463,335.00

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Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
17.c.	Addendum D Section C, Item (5)	For a MPRA plan for which the requested amount of SFA is determined using the <u>present value method</u> , does the application include a separate deterministic projection ("Baseline") in the same format as Checklist Item #16.b.iii. that shows the amount of SFA that would be determined using the <u>present value method</u> if the assumptions used/methods are the same as those used in the most recent actuarial certification of plan status completed before January 1, 2021 ("pre-2021 certification of plan status") excluding the plan's SFA interest rate which should be the same as used in Checklist Item #16.b.iii. See Section C, Item (5) of the SFA Filing Instructions for other potential exclusions from this requirement. Also see Addendum D. If the plan is (a) not a MPRA plan, (b) a MPRA plan using the increasing assets method, or (c) is otherwise not required to provide this item, enter N/A. If entering N/A due to (c), add information in the Plan Comments to explain why this item is not required. Has this document been uploaded using the required filenaming convention?	Yes No N/A	N/A	N/A	N/A	IBEW PCPF is not a MPRA plan	Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 5B Plan Name
18.a.	Section C, Item (6)	For a plan that is not a MPRA plan, does the application include a reconciliation of the change in the total amount of requested SFA due to each change in assumption/method from the Baseline to the requested SFA amount? Does the application include a deterministic projection and other information for each assumption/method change, in the same format as Checklist Item #16.a? Enter N/A if the plan is not required to provide Baseline information in Checklist Item #17.a. Enter N/A if the requested SFA amount in Checklist Item #16.a. is the same as the amount shown in the Baseline details of Checklist Item #17.a. See Section C, Item (6) of the SFA Filing Instructions for other potential exclusions from this requirement. If the plan is a MPRA plan, enter N/A. If the plan is otherwise not required to provide this item, enter N/A and provide an explanation in the Plan Comments. Does the uploaded file use the required filenaming convention?	Yes No N/A	Yes	"Template_6a_IBEW_PCPF_Amended"	N/A	This template has been updated for the amended filing	Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 6A Plan Name

APPLICATION CHECKLIST

Plan name:	LB.E.W. Pacific Coast Pension Fund (IBEW PCPF)
EIN:	94-6128032
PN:	001
SFA Amount Requested:	\$70,463,335.00

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Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
18.b.	Addendum D Section C, Item (6)	For a MPRA plan for which the requested amount of SFA is based on the <u>increasing assets method</u> , does the application include a reconciliation of the change in the total amount of requested SFA using the <u>increasing assets method</u> due to each change in assumption/method from the Baseline to the requested SFA amount? Does the application include a deterministic projection and other information for each assumption/method change, in the same format as Checklist Item #16.b.i.? Enter N/A if the plan is not required to provide Baseline information in Checklist Item #17.b. Enter N/A if the requested SFA amount in Checklist Item #16.b.i. is the same as the amount shown in the Baseline details of Checklist Item #17.b. See Addendum D. See Section C, Item (6) of the SFA Filing Instructions for other potential exclusions from this requirement, and enter N/A if this item is not otherwise required. If the plan is (a) not a MPRA plan, (b) a MPRA plan using the present value method, or (c) is otherwise not required to provide this item, enter N/A. If entering N/A due to (c), add information in the Plan Comments to explain why this item is not required. Does the uploaded file use the required filenaming convention?	Yes No N/A	N/A	N/A	N/A	IBEW PCPF is not a MPRA plan	Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 6A Plan Name
18.c.	Addendum D Section C, Item (6)	For a MPRA plan for which the requested amount of SFA is based on the <u>present value method</u> , does the application include a reconciliation of the change in the total amount of requested SFA using the <u>present value method</u> due to each change in assumption/method from Baseline to the requested SFA amount? Does the application include a deterministic projection and other information for each assumption/method change, in the same format as Checklist Item #16.b.iii.? See Section C, Item (6) of the SFA Filing Instructions for other potential exclusions from this requirement. Also see Addendum D. If the plan is (a) not a MPRA plan, (b) a MPRA plan using the increasing assets method, or (c) is otherwise not required to provide this item, enter N/A. If entering N/A due to (c), add information in the Plan Comments to explain why this item is not required. Has this document been uploaded using the required filenaming convention?	Yes No N/A	N/A	N/A	N/A	IBEW PCPF is not a MPRA plan	Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 6B Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	LB.E.W. Pacific Coast Pension Fund (IBEW PCPF)
EIN:	94-6128032
PN:	001
SFA Amount Requested:	\$70,463,335.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

v20240717p

Unless otherwise specified:
YYYY = plan year
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Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
19.a.	Section C, Item (7)a.	For plans eligible for SFA under § 4262.3(a)(1) or § 4262.3(a)(3), does the application include a table identifying which assumptions/methods used in determining the plan's eligibility for SFA differ from those used in the pre-2021 certification of plan status, and does that table include brief explanations as to why using those assumptions/methods is no longer reasonable and why the changed assumptions/methods are reasonable (an abbreviated version of information provided in Checklist Item #28.a.)? Enter N/A if the plan is eligible for SFA under § 4262.3(a)(2) or § 4262.3(a)(4) or if the plan is eligible based on a certification of plan status completed before 1/1/2021. Also enter N/A if the plan is eligible based on a certification of plan status completed after 12/31/2020 but that reflects the same assumptions as those in the pre-2021 certification of plan status. See Template 7, <i>7a Assump Changes for Elig</i> sheet. Does the uploaded file include both Checklist Items #19.a. and #19.b., and does it use the required filenaming convention?	Yes No N/A	N/A	N/A	N/A	No changes made for purposes of the Plan's eligibility under 4262.3(a)(3), as eligibility is based on pre-January 1, 2021, certification.	Financial assistance spreadsheet (template)	Template 7 Plan Name.
19.b.	Section C, Item (7)b.	Does the application include a table identifying which assumptions/methods used to determine the requested SFA differ from those used in the pre-2021 certification of plan status (except the interest rates used to determine SFA)? Does this item include brief explanations as to why using those original assumptions/methods is no longer reasonable and why the changed assumptions/methods are reasonable? If a changed assumption is an extension of the CBU assumption or the administrative expenses assumption as described in Paragraph A “Adoption of assumptions not previously factored into pre-2021 certification of plan status” of Section III, Acceptable Assumption Changes of PBGC’s SFA assumptions guidance, does the application state so? This should be an abbreviated version of information provided in Checklist Item #28.b. See Template 7, <i>7b Assump Changes for Amount</i> sheet. Does the uploaded file include both Checklist Items #19.a. and #19.b., and does it use the required filenaming convention?	Yes No	Yes	"Template_7_IBEW_PCPE_Amended"	N/A	This template has been updated for the amended filing	Financial assistance spreadsheet (template)	Template 7 Plan Name
20.a.	Section C, Item (8)	Does the application include details of the projected contributions and withdrawal liability payments used to calculate the requested SFA amount, including total contributions, contribution base units (including identification of base unit used), average contribution rate(s), reciprocity contributions (if applicable), additional contributions from the rehabilitation plan (if applicable), and any other identifiable contribution streams? See Template 8.	Yes No	Yes	"Template_8_IBEW_PCPE_Amended"	N/A	This template has been updated for the amended filing	Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 8 Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	LB.E.W. Pacific Coast Pension Fund (IBEW PCPF)
EIN:	94-6128032
PN:	001
SFA Amount Requested:	\$70,463,335.00

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Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
20.b.	Section C, Item (9)	Does the application separately show the amounts of projected withdrawal liability payments for employers that are currently withdrawn as of the date the initial application is filed, and assumed future withdrawals? Does the application also provide the projected number of active participants at the beginning of each plan year? See Template 8.	Yes No	Yes	N/A - include as part of Checklist Item #20.a.	N/A		N/A	N/A - included in <i>Template 8 Plan Name</i>
21.	Section C, Item (10)	Does the application provide a table identifying and describing all assumptions and methods used in i) the pre-2021 certification of plan status, ii) the “Baseline” projection in Section C Item (5), and iii) the determination of the amount of SFA in Section C Item (4)? Does the table state if each changed assumption falls under Section III, Acceptable Assumption Changes, or Section IV, Generally Accepted Assumption Changes, in PBGC’s SFA assumptions guidance, or if it should be considered an “Other Change”? Does the uploaded file use the required filenaming convention?	Yes No	Yes	"Template_10_IBEW_PCPF_Amended"	N/A	This template has been updated for the amended filing	Financial assistance spreadsheet (template)	Template 10 Plan Name
22.	Section D	Was the application signed and dated by an authorized trustee who is a current member of the board of trustees or another authorized representative of the plan sponsor and include the printed name and title of the signer?	Yes No	Yes	"SFA_App_IBEW_PCPF_Amended"	pg 1	The document named "SFA_App_IBEW_PCPF_Amended.pdf" includes all information requested in Section D of the SFA Filing Instructions (Checklist Items #22 through #29.c.) that has been updated since the original filing.	Financial Assistance Application	SFA App Plan Name
23.a.	Section D, Item (1)	For a plan that is not a MPRA plan, does the application include an optional cover letter? Enter N/A if the plan is a MPRA plan, or if the plan is not a MPRA plan and did not include an optional cover letter.	Yes N/A	Yes	N/A - included as part of SFA App Plan Name	pg 1		N/A	N/A - included as part of SFA App Plan Name
23.b.		For a plan that is a MPRA plan, does the application include a cover letter? Does the cover letter identify the calculation method (basic method, increasing assets method, or present value method) that provides the greatest amount of SFA? For a MPRA plan with a partition, does the cover letter include a statement that the plan has been partitioned under section 4233 of ERISA? Enter N/A if the plan is not a MPRA plan.	Yes No N/A	N/A	N/A - included as part of SFA App Plan Name		IBEW PCPF is not a MPRA plan	N/A	N/A - included as part of SFA App Plan Name
24.	Section D, Item (2)	Does the application include the name, address, email, and telephone number of the plan sponsor, plan sponsor's authorized representative, and any other authorized representatives?	Yes No	Yes	N/A - included as part of SFA App Plan Name	pg 2	Page reference is for original filing document SFA_App_IBEW_PCPF.pdf	N/A	N/A - included as part of SFA App Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:

IB.E.W. Pacific Coast Pension Fund (IBEW PCPF)

EIN:

94-6128032

PN:

001

SFA Amount Requested:

\$70,463,335.00

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Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
25.	Section D, Item (3)	Does the application identify the eligibility criteria in § 4262.3 that qualifies the plan as eligible to receive SFA, and include the requested information for each item that is applicable, as described in Section D, Item (3) of the SFA Filing Instructions?	Yes No	Yes	N/A - included as part of SFA App Plan Name	pg 3	Page reference is for original filing document SFA_App_IBEW_PCPF.pdf	N/A	N/A - included as part of SFA App Plan Name
26.a.	Section D, Item (4)	If the plan's application is submitted on or before March 11, 2023, does the application identify the plan's priority group (see § 4262.10(d)(2))? Enter N/A if the plan's application is submitted after March 11, 2023.	Yes No N/A	N/A	N/A - included as part of SFA App Plan Name	pg 4	IBEW PCPF is not eligible for a priority group. Page reference is for original filing document SFA_App_IBEW_PCPF.pdf	N/A	N/A - included as part of SFA App Plan Name
26.b.		If the plan is submitting an emergency application under § 4262.10(f), is the application identified as an emergency application with the applicable emergency criteria identified? Enter N/A if the plan is not submitting an emergency application.	Yes No N/A	N/A	N/A - included as part of SFA App Plan Name		IBEW PCPF is not submitting an emergency application.	N/A	N/A - included as part of SFA App Plan Name
27.	Section D, Item (5)	Does the application include a detailed narrative description of the development of the assumed future contributions and assumed future withdrawal liability payments used in the basic method (and in the increasing assets method for a MPRA plan)?	Yes No	Yes	N/A - included as part of SFA App Plan Name	pg 2	Page reference is for amended filing document SFA_App_IBEW_PCPF_Amended.pdf	N/A	N/A - included as part of SFA App Plan Name
28.a.	Section D, Item (6)a.	For plans eligible for SFA under § 4262.3(a)(1) or § 4262.3(a)(3), does the application identify which assumptions/methods (if any) used in showing the plan's eligibility for SFA differ from those used in the most recent certification of plan status completed before 1/1/2021? If there are any assumption/method changes, does the application include detailed explanations and supporting rationale and information as to why using the identified assumptions/methods is no longer reasonable and why the changed assumptions/methods are reasonable? Enter N/A if the plan is not eligible under § 4262.3(a)(1) or § 4262.3(a)(3). Enter N/A if there are no such assumption changes.	Yes No N/A	N/A	N/A - included as part of SFA App Plan Name		No changes made for purposes of the Plan's elegibility under 4262.3(a)(3), as elegibility is based on pre-January 1, 2021, certification.	N/A	N/A - included as part of SFA App Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

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EIN:	94-6128032
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Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
28.b.	Section D, Item (6)b.	Does the application identify which assumptions/methods (if any) used to determine the requested SFA amount differ from those used in the most recent certification of plan status completed before 1/1/2021 (excluding the plan's non-SFA and SFA interest rates, which must be the same as the interest rates required by § 4262.4(e)(1) and (2))? If there are any assumption/method changes, does the application include detailed explanations and supporting rationale and information as to why using the identified original assumptions/methods is no longer reasonable and why the changed assumptions/methods are reasonable? Does the application state if the changed assumption is an extension of the CBU assumption or the administrative expenses assumption as described in Paragraph A "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's SFA Assumptions?	Yes No	Yes	N/A - included as part of SFA App Plan Name	pg 5	Page reference is for amended filing document SFA_App_IBEW_PCPF_Amended.pdf	N/A	N/A - included as part of SFA App Plan Name
28.c.	Section D, Item (6)	If the mortality assumption uses a plan-specific mortality table or a plan-specific adjustment to a standard mortality table (regardless of if the mortality assumption is changed or unchanged from that used in the most recent certification of plan status completed before 1/1/2021), is supporting information provided that documents the methodology used and the rationale for selection of the methodology used to develop the plan-specific rates, as well as detailed information showing the determination of plan credibility and plan experience? Enter N/A is the mortality assumption does not use a plan-specific mortality table or a plan-specific adjustment to a standard mortality table for eligibility or for determining the SFA amount.	Yes No N/A	N/A	N/A - included as part of SFA App Plan Name		IBEW PCPF does not use plan specific mortality.	N/A	N/A - included as part of SFA App Plan Name
29.a.	Section D, Item (7)	Does the application include, for an eligible plan that implemented a suspension of benefits under section 305(e)(9) or section 4245(a) of ERISA, a narrative description of how the plan will reinstate the benefits that were previously suspended and a proposed schedule of payments (equal to the amount of benefits previously suspended) to participants and beneficiaries? Enter N/A for a plan that has not implemented a suspension of benefits.	Yes No N/A	N/A	N/A - included as part of SFA App Plan Name		IBEW PCPF has not implemented a suspension of benefits under MPRA.	N/A	N/A - included as part of SFA App Plan Name
29.b.	Section D, Item (7)	If Yes was entered for Checklist Item #29.a., does the proposed schedule show the yearly aggregate amount and timing of such payments, and is it prepared assuming the effective date for reinstatement is the day after the SFA measurement date? Enter N/A for a plan that entered N/A for Checklist Item #29.a.	Yes No N/A	N/A	N/A - included as part of SFA App Plan Name		IBEW PCPF has not implemented a suspension of benefits under MPRA.	N/A	N/A - included as part of SFA App Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

v20240717p

APPLICATION CHECKLIST

Plan name:

IB.E.W. Pacific Coast Pension Fund (IBEW PCPF)

EIN:

94-6128032

PN:

001

SFA Amount Requested:

\$70,463,335.00

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Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
29.c.	Section D, Item (7)	If the plan restored benefits under 26 CFR 1.432(e)(9)-1(e)(3) before the SFA measurement date, does the proposed schedule reflect the amount and timing of payments of restored benefits and the effect of the restoration on the benefits remaining to be reinstated? Enter N/A for a plan that did not restore benefits under 26 CFR 1.432(e)(9)-1(e)(3) before the SFA measurement date. Also enter N/A for a plan that entered N/A for Checklist Items #29.a. and #29.b.	Yes No N/A	N/A	N/A - included as part of SFA App Plan Name		IBEW PCPF has not implemented a suspension of benefits under MPRA.	N/A	N/A - included as part of SFA App Plan Name
30.a.	Section E, Item (1)	Does the application include a fully completed Application Checklist, including the required information at the top of the Application Checklist (plan name, employer identification number (EIN), 3-digit plan number (PN), and SFA amount requested)?	Yes No	Yes	"App Checklist IBEW PCPF Amended"	N/A		Special Financial Assistance Checklist	App Checklist Plan Name
30.b.	Section E, Item (1) - Addendum A	If the plan is required to provide information required by Addendum A of the SFA Filing Instructions (for "certain events"), are the additional Checklist Items #40.a. through #49.b. completed? Enter N/A if the plan is not required to submit the additional information described in Addendum A.	Yes No N/A	N/A	N/A	N/A	IBEW PCPF is not required to submit additional information in Addendum A.	Special Financial Assistance Checklist	N/A
31.	Section E, Item (2)	If the plan claims SFA eligibility under § 4262.3(a)(1) of PBGC's SFA regulation based on a certification by the plan's enrolled actuary of plan status for SFA eligibility purposes completed on or after January 1, 2021, does the application include: (i) plan actuary's certification of plan status for SFA eligibility purposes for the specified year (and, if applicable, for each plan year after the plan year for which the pre-2021 zone certification was prepared and for the plan year immediately prior to the specified year)? (ii) for each certification in (i) above, does the application include all details and additional information described in Section B, Item (5) of the SFA Filing Instructions, including clear documentation of all assumptions, methods and census data used? (iii) for each certification in (i) above, does the application identify all assumptions and methods that are different from those used in the pre-2021 zone certification? Does the certification by the plan's enrolled actuary include clear indication of all assumptions and methods used including source of and date of participant data, measurement date, and a statement that the actuary is qualified to render the actuarial opinion? If the plan does not claim SFA eligibility under § 4262.3(a)(1) or claims SFA eligibility under § 4262.3(a)(1) using a zone certification completed before January 1, 2021, enter N/A. Is the information for this Checklist Item #31 contained in a single document and uploaded using the required filenaming convention?	Yes No N/A	N/A		N/A	IBEW PCPF is eligible based on the April 1, 2020 certification.	Financial Assistance Application	SFA Elig Cert CD Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

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Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
32.a.	Section E, Item (3)	<p>If the plan claims SFA eligibility under § 4262.3(a)(3) of PBGC's SFA regulation based on a certification by the plan's enrolled actuary of plan status for SFA eligibility purposes completed on or after January 1, 2021, does the application include:</p> <p>(i) plan actuary's certification of plan status for SFA eligibility purposes for the specified year (and, if applicable, for each plan year after the plan year for which the pre-2021 zone certification was prepared and for the plan year immediately prior to the specified year)?</p> <p>(ii) for each certification in (i) above, does the application include all details and additional information described in Section B, Item (5) of the SFA Filing Instructions, including clear documentation of all assumptions, methods and census data used?</p> <p>(iii) for each certification in (i) above, does the application identify all assumptions and methods that are different from those used in the pre-2021 zone certification?</p> <p>Does the certification by the plan's enrolled actuary include clear indication of all assumptions and methods used including source of and date of participant data, measurement date, and a statement that the actuary is qualified to render the actuarial opinion?</p> <p>If the plan does not claim SFA eligibility under § 4262.3(a)(3) or claims SFA eligibility under § 4262.3(a)(3) using a zone certification completed before January 1, 2021, enter N/A.</p> <p>Is the information for Checklist Items #32.a. and #32.b. contained in a single document and uploaded using the required filenaming convention?</p>		N/A	"SFA Elig Cert C IBEW PCPF"	N/A	<p>Provided in initial application</p> <p>IBEW PCPF is eligible based on the April 1, 2020 certification.</p>	Financial Assistance Application	<i>SFA Elig Cert C Plan Name</i>
32.b.	Section E, Item (3)	<p>If the plan claims SFA eligibility under § 4262.3(a)(3) of PBGC's SFA regulation, does the application include a certification from the plan's enrolled actuary that the plan qualifies for SFA based on the applicable certification of plan status for SFA eligibility purposes for the specified year, and by meeting the other requirements of § 4262.3(c) of PBGC's SFA regulation. Does the provided certification include:</p> <p>(i) identification of the specified year for each component of eligibility (certification of plan status for SFA eligibility purposes, modified funding percentage, and participant ratio)</p> <p>(ii) derivation of the modified funded percentage</p> <p>(iii) derivation of the participant ratio</p> <p>Does the certification identify what test(s) under section 305(b)(2) of ERISA is met for the specified year listed above?</p> <p>Does the certification identify all assumptions and methods (including supporting rationale, and where applicable, reliance on the plan sponsor) used to develop the withdrawal liability receivable that is utilized in the calculation of the modified funded percentage?</p> <p>Enter N/A if the plan does not claim SFA eligibility under §4262.3(a)(3).</p>	Yes No N/A	Yes	N/A - included with SFA Elig Cert C Plan Name	N/A	<p>Provided in initial application</p> <p>IBEW PCPF is eligible based on the April 1, 2020 certification.</p>	Financial Assistance Application	N/A - included in SFA Elig Cert C Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

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Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
33.	Section E, Item (4)	If the plan's application is submitted on or prior to March 11, 2023, does the application include a certification from the plan's enrolled actuary that the plan is eligible for priority status, with specific identification of the applicable priority group? This item is not required (enter N/A) if the plan is insolvent, has implemented a MPRA suspension as of 3/11/2021, is in critical and declining status and had 350,000+ participants, or is listed on PBGC's website at <i>www.pbgc.gov</i> as being in priority group 6. See § 4262.10(d). Does the certification by the plan's enrolled actuary include clear indication of all assumptions and methods used including source of and date of participant data, measurement date, and a statement that the actuary is qualified to render the actuarial opinion? Is the filename uploaded using the required filenaming convention?	Yes No N/A	N/A	N/A	N/A	IBEW PCPF is not submitting an application prior to March 11, 2023.	Financial Assistance Application	PG Cert Plan Name
34.a.	Section E, Item (5)	Does the application include the certification by the plan's enrolled actuary that the requested amount of SFA is the amount to which the plan is entitled under section 4262(j)(1) of ERISA and § 4262.4 of PBGC's SFA regulation? Does this certification include: (i) plan actuary's certification that identifies the requested amount of SFA and certifies that this is the amount to which the plan is entitled? (ii) clear indication of all assumptions and methods used including source of and date of participant data, measurement date, and a statement that the actuary is qualified to render the actuarial opinion? (iii) the count of participants (provided separately, after reflection of the death audit results in Section B(9), for current retirees and beneficiaries, current terminated vested participants not yet in pay status, and current active participants) as of the participant census date? Is the information in Checklist #34.a. combined with #34.b. (if applicable) as a single document, and uploaded using the required filenaming convention?	Yes No	Yes	"SFA Amount Cert IBEW PCPF Amended"	N/A		Financial Assistance Application	SFA Amount Cert Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	LB.E.W. Pacific Coast Pension Fund (IBEW PCPF)
EIN:	94-6128032
PN:	001
SFA Amount Requested:	\$70,463,335.00

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

v20240717p

Unless otherwise specified:
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Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
34.b.		If the plan is a MPRA plan, does the certification by the plan's enrolled actuary identify the amount of SFA determined under the basic method described in § 4262.4(a)(1) and the amount determined under the increasing assets method in § 4262.4(a)(2)(i)? If the amount of SFA determined under the “present value method” described in § 4262.4(a)(2)(ii) is not the greatest amount of SFA under § 4262.4(a)(2), does the certification state as such? If the amount of SFA determined under the “present value method” described in § 4262.4(a)(2)(ii) is the greatest amount of SFA under § 4262.4(a)(2), does the certification identify that amount? Enter N/A if the plan is not a MPRA plan.	Yes No N/A	N/A	N/A - included with SFA Amount Cert Plan Name	N/A	IBEW PCPF is not a MPRA plan	N/A - included in SFA Amount Cert Plan Name	N/A - included in SFA Amount Cert Plan Name
35.	Section E, Item (6)	Does the application include the plan sponsor's identification of the amount of fair market value of assets at the SFA measurement date and certification that this amount is accurate? Does the application also include: (i) information that substantiates the asset value and how it was developed (e.g., trust or account statements, specific details of any adjustments)? (ii) a reconciliation of the fair market value of assets from the date of the most recent audited plan financial statements to the SFA measurement date (showing beginning and ending fair market value of assets for this period as well as the following items for the period: contributions, withdrawal liability payments, benefits paid, administrative expenses, and investment income)? (iii) if the SFA measurement date is the end of a plan year for which the audited plan financial statements have been issued, does the application include a reconciliation schedule showing adjustments, if any, made to the audited fair market value of assets used to determine the SFA amount? With the exception of account statements and financial statements already provided as Checklist Items #8 and #9, is all information contained in a single document that is uploaded using the required filenaming convention?	Yes No	Yes	"FMV_Cert_IBEW_PCPF"	N/A	Provided in initial application	Financial Assistance Application	FMV Cert Plan Name
36.	Section E, Item (7)	Does the application include a copy of the executed plan amendment required by § 4262.6(e)(1) of PBGC's SFA regulation which (i) is signed by authorized trustee(s) of the plan and (ii) includes the plan compliance language in Section E, Item (7) of the SFA Filing Instructions?	Yes No	Yes	"Compliance_Amend_IBEW_PCPF"	N/A	Provided in initial application	Pension plan documents, all versions available, and all amendments signed and dated	Compliance Amend Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	LB.E.W. Pacific Coast Pension Fund (IBEW PCPF)
EIN:	94-6128032
PN:	001
SFA Amount Requested:	\$70,463,335.00

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Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
37.	Section E, Item (8)	In the case of a plan that suspended benefits under section 305(e)(9) or section 4245 of ERISA, does the application include: (i) a copy of the proposed plan amendment(s) required by § 4262.6(e)(2) to reinstate suspended benefits and pay make-up payments? (ii) a certification by the plan sponsor that the proposed plan amendment(s) will be timely adopted? Is the certification signed by either all members of the plan's board of trustees or by one or more trustees duly authorized to sign the certification on behalf of the entire board (including, if applicable, documentation that substantiates the authorization of the signing trustees)? Enter N/A if the plan has not suspended benefits. Is all information included in a single document that is uploaded using the required filenaming convention?	Yes No N/A	N/A	N/A	N/A	IBEW PCPF has not implemented a suspension of benefits under MPRA.	Pension plan documents, all versions available, and all amendments signed and dated	Reinstatement Amend Plan Name
38.	Section E, Item (9)	In the case of a plan that was partitioned under section 4233 of ERISA, does the application include a copy of the executed plan amendment required by § 4262.9(c)(2)? Enter N/A if the plan was not partitioned. Is the document uploaded using the required filenaming convention?	Yes No N/A	N/A	N/A	N/A	IBEW PCPF has not been partitioned.	Pension plan documents, all versions available, and all amendments signed and dated	Partition Amend Plan Name
39.	Section E, Item (10)	Does the application include one or more copies of the penalties of perjury statement (see Section E, Item (10) of the SFA Filing Instructions) that (a) are signed by an authorized trustee who is a current member of the board of trustees, and (b) includes the trustee's printed name and title. Is all such information included in a single document and uploaded using the required filenaming convention?	Yes No	Yes	"Penalty_IBEW_PCPF"	N/A	Provided in initial application	Financial Assistance Application	Penalty Plan Name
Additional Information for Certain Events under § 4262.4(f) - Applicable to Any Events in § 4262.4(f)(2) through (f)(4) and Any Mergers in § 4262.4(f)(1)(ii)									
NOTE: If the plan is not required to provided information described in Addendum A of the SFA Filing Instructions, the Plan Response should be left blank for the remaining Checklist Items.									
40.a.	Addendum A for Certain Events Section C, Item (4)	Does the application include an additional version of Checklist Item #16.a. (also including Checklist Items #16.c., #16.d., and #16.e.), that shows the determination of the SFA amount <u>using the basic method</u> described in § 4262.4(a)(1) as if <u>any events had not occurred</u> ? See Template 4A.	Yes No			N/A		Projections for special financial assistance (estimated income, benefit payments and expenses)	For additional submission due to any event: <i>Template 4A Plan Name CE</i> . For an additional submission due to a merger, <i>Template 4A Plan Name Merged</i> , where "Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	LB.E.W. Pacific Coast Pension Fund (IBEW PCPF)
EIN:	94-6128032
PN:	001
SFA Amount Requested:	\$70,463,335.00

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Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
40.b.i.	Addendum A for Certain Events Section C, Item (4)	If the plan is a MPRA plan for which the requested amount of SFA is based on the <u>increasing assets method</u> described in § 4262.4(a)(2)(i), does the application also include an additional version of Checklist Item #16.b.i. that shows the determination of the SFA amount using the <u>increasing assets method</u> as if any events had not occurred? See Template 4A, sheet <i>4A-5 SFA Details .5(a)(2)(i)</i> . Enter N/A if the plan is not a MPRA Plan or if the plan is a MPRA plan for which the requested amount of SFA is based on the present value method.	Yes No N/A		N/A - included as part of file in Checklist Item #40.a.	N/A		N/A	N/A - included as part of file in Checklist Item #40.a.
40.b.ii.	Addendum A for Certain Events Section C, Item (4)	If the plan is a MPRA plan for which the requested amount of SFA is based on the <u>increasing assets method</u> described in § 4262.4(a)(2)(i), does the application also include an additional version of Checklist Item #16.b.ii. that explicitly identifies the projected SFA exhaustion year based on the <u>increasing assets method</u> ? See Template 4A, <i>4A-5 SFA Details .4(a)(2)(i)</i> sheet and Addendum D. Enter N/A if the plan is not a MPRA Plan or if the plan is a MPRA plan for which the requested amount of SFA is based on the present value method.	Yes No N/A			N/A		N/A	N/A - included as part of file in Checklist Item #40.a.
40.b.iii.	Addendum A for Certain Events Section C, Item (4)	If the plan is a MPRA plan for which the requested amount of SFA is based on the <u>present value method</u> described in § 4262.4(a)(2)(ii), does the application also include an additional version of Checklist Item #16.b.iii. that shows the determination of the SFA amount using the <u>present value method</u> as if any events had not occurred? See Template 4B, sheet <i>4B-1 SFA Ben Pmts</i> , sheet <i>4B-2 SFA Details .4(a)(2)(ii)</i> , and sheet <i>4B-3 SFA Exhaustion</i> . Enter N/A if the plan is not a MPRA Plan or if the plan is a MPRA plan for which the requested amount of SFA is based on the increasing assets method.	Yes No N/A			N/A		Projections for special financial assistance (estimated income, benefit payments and expenses)	For additional submission due to any event: <i>Template 4B Plan Name CE</i> . For an additional submission due to a merger, <i>Template 4B Plan Name Merged</i> , where "Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.
41.	Addendum A for Certain Events Section C, Item (4)	For any merger, does the application show the SFA determination for this plan <u>and for each plan merged into this plan</u> (each of these determined as if they were still separate plans)? See Template 4A for a non-MPRA plan using the basic method, and for a MPRA plan using the increasing assets method. See Template 4B for a MPRA Plan using the present value method. Enter N/A if the plan has not experienced a merger.	Yes No N/A			N/A		Projections for special financial assistance (estimated income, benefit payments and expenses)	For an additional submission due to a merger, <i>Template 4A (or Template 4B) Plan Name Merged</i> , where "Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	LB.E.W. Pacific Coast Pension Fund (IBEW PCPF)
EIN:	94-6128032
PN:	001
SFA Amount Requested:	\$70,463,335.00

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

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Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
42.a.	Addendum A for Certain Events Section D	Does the application include a narrative description of any event and any merger, including relevant supporting documents which may include plan amendments, collective bargaining agreements, actuarial certifications related to a transfer or merger, or other relevant materials?	Yes No		N/A - included as part of SFA App Plan Name		For each Checklist Item #42.a. through #45.b., identify the relevant page number(s) within the single document.	Financial Assistance Application	SFA App Plan Name
42.b.	Addendum A for Certain Events Section D	For a transfer or merger event, does the application include identifying information for all plans involved including plan name, EIN and plan number, and the date of the transfer or merger?	Yes No		N/A - included as part of SFA App Plan Name			Financial Assistance Application	N/A - included as part of SFA App Plan Name
43.a.	Addendum A for Certain Events Section D	Does the narrative description in the application identify the amount of SFA reflecting any event, the amount of SFA determined as if the event had not occurred, and confirmation that the requested SFA is no greater than the amount that would have been determined if the event had not occurred, unless the event is a contribution rate reduction and such event lessens the risk of loss to plan participants and beneficiaries?	Yes No		N/A - included as part of SFA App Plan Name			Financial Assistance Application	N/A - included as part of SFA App Plan Name
43.b.	Addendum A for Certain Events Section D	For a merger, is the determination of SFA as if the event had not occurred equal to the sum of the amount that would be determined for this plan and each plan merged into this plan (each as if they were still separate plans)? Enter N/A if the event described in Checklist Item #42.a. was not a merger.	Yes No N/A		N/A - included as part of SFA App Plan Name			Financial Assistance Application	N/A - included as part of SFA App Plan Name
44.a.	Addendum A for Certain Events Section D	Does the application include an additional version of Checklist Item #25 that shows the determination of SFA eligibility as if any events had not occurred?	Yes No		N/A - included as part of SFA App Plan Name			Financial Assistance Application	N/A - included as part of SFA App Plan Name
44.b.	Addendum A for Certain Events Section D	For any merger, does this item include demonstrations of SFA eligibility for this plan and for each plan merged into this plan (each of these determined as if they were still separate plans)? Enter N/A if the event described in Checklist Item #42.a. was not a merger.	Yes No N/A		N/A - included as part of SFA App Plan Name			Financial Assistance Application	N/A - included as part of SFA App Plan Name

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:

IB.E.W. Pacific Coast Pension Fund (IBEW PCPF)

EIN:

94-6128032

PN:

001

SFA Amount Requested:

\$70,463,335.00

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Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
45.a.	Addendum A for Certain Events Section D	If the event is a contribution rate reduction and the amount of requested SFA is not limited to the amount of SFA determined as if the event had not occurred, does the application include a detailed demonstration that shows that the event lessens the risk of loss to plan participants and beneficiaries? Enter N/A if the event is not a contribution rate reduction, or if the event is a contribution rate reduction but the requested SFA is limited to the amount of SFA determined as if the event had not occurred.	Yes No N/A		N/A - included as part of SFA App Plan Name			Financial Assistance Application	N/A - included as part of SFA App Plan Name
45.b.	Addendum A for Certain Events Section D	Does the demonstration in Checklist Item #45.a. also identify all assumptions used, supporting rationale for the assumptions and other relevant information? Enter N/A if the plan entered N/A for Checklist Item #45.a.	Yes No N/A		N/A - included as part of SFA App Plan Name			Financial Assistance Application	N/A - included as part of SFA App Plan Name
46.a.	Addendum A for Certain Events Section E, Items (2) and (3)	Does the application include an additional certification from the plan's enrolled actuary with respect to the plan's SFA eligibility but with eligibility determined as if any events had not occurred? This should be in the format of Checklist Item #31 if the SFA eligibility is based on the plan status of critical and declining using a zone certification completed on or after January 1, 2021. This should be in the format of Checklist Items #32.a. and #32.b. if the SFA eligibility is based on the plan status of critical using a zone certification completed on or after January 1, 2021. If the above SFA eligibility is not based on § 4262.3(a)(1) or § 4262.3(a)(3) or is based on a zone certification completed prior to January 1, 2021, enter N/A. Is all relevant information contained in a single document and uploaded using the required filenaming convention?	Yes No N/A			N/A		Financial Assistance Application	SFA Elig Cert Plan Name CE
46.b.	Addendum A for Certain Events Section E, Items (2) and (3)	For any merger, does the application include additional certifications of the SFA eligibility for this plan and for each plan merged into this plan (each of these determined as if they were still separate plans)? If the above SFA eligibility is not based on § 4262.3(a)(1) or § 4262.3(a)(3) or is based on a zone certification completed prior to January 1, 2021, enter N/A. Enter N/A if the event described in Checklist Item #42.a. was not a merger.	Yes No N/A			N/A		Financial Assistance Application	SFA Elig Cert Plan Name Merged CE "Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	LB.E.W. Pacific Coast Pension Fund (IBEW PCPF)
EIN:	94-6128032
PN:	001
SFA Amount Requested:	\$70,463,335.00

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47.a.	Addendum A for Certain Events Section E, Item (5)	Does the application include an additional certification from the plan's enrolled actuary with respect to the plan's SFA amount (in the format of Checklist Item #34.a.), but with the SFA amount determined as if any events had not occurred?	Yes No			N/A		Financial Assistance Application	SFA Amount Cert Plan Name CE
47.b.	Addendum A for Certain Events Section E, Item (5)	If the plan is a MPRA plan, does the certification in Checklist Item #46.a. identify the amount of SFA determined under the basic method described in § 4262.4(a)(1) and the amount determined under the increasing assets method in § 4262.4(a)(2)(i)? If the amount of SFA determined under the “present value method” described in § 4262.4(a)(2)(ii) is not the greatest amount of SFA under § 4262.4(a)(2), does the certification state as such? If the amount of SFA determined under the “present value method” described in § 4262.4(a)(2)(ii) is the greatest amount of SFA under § 4262.4(a)(2), does the certification identify that amount? Enter N/A if the plan is not a MPRA plan.	Yes No N/A		N/A - included in SFA Amount Cert Plan Name CE	N/A		N/A - included in SFA Amount Cert Plan Name	N/A - included in SFA Amount Cert Plan Name CE
47.c.	Addendum A for Certain Events Section E, Item (5)	Does the certification in Checklist Items #47.a. and #47.b. (if applicable) clearly identify all assumptions and methods used, sources of participant data and census data, and other relevant information?	Yes No		N/A - included in SFA Amount Cert Plan Name CE	N/A		N/A - included in SFA Amount Cert Plan Name	N/A - included in SFA Amount Cert Plan Name CE
48.a.	Addendum A for Certain Events Section E, Item (5)	For any merger, does the application include additional certifications of the SFA amount determined for this plan and for each plan merged into this plan (each of these determined as if they were still separate plans) ? Enter N/A if the event described in Checklist Item #42.a. was not a merger.	Yes No N/A			N/A		Financial Assistance Application	SFA Amount Cert Plan Name Merged CE "Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.
48.b.	Addendum A for Certain Events Section E, Item (5)	For any merger, do the certifications clearly identify all assumptions and methods used, sources of participant data and census data, and other relevant information? Enter N/A if the event described in Checklist Item #42.a. was not a merger.	Yes No N/A		N/A - included in SFA Amount Cert Plan Name CE	N/A		N/A - included in SFA Amount Cert Plan Name CE	N/A - included in SFA Amount Cert Plan Name CE

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	LB.E.W. Pacific Coast Pension Fund (IBEW PCPF)
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Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
49.a.	Addendum A for Certain Events Section E	If the event is a contribution rate reduction and the amount of requested SFA is not limited to the amount of SFA determined as if the event had not occurred, does the application include a certification from the plan's enrolled actuary (or, if appropriate, from the plan sponsor) with respect to the demonstration to support a finding that the event lessens the risk of loss to plan participants and beneficiaries? Enter N/A if the event is not a contribution rate reduction, or if the event is a contribution rate reduction but the requested SFA is limited to the amount of SFA determined as if the event had not occurred.	Yes No N/A			N/A		Financial Assistance Application	Cont Rate Cert Plan Name CE
49.b.	Addendum A for Certain Events Section E	Does the demonstration in Checklist Item #48.a. also identify all assumptions used, supporting rationale for the assumptions and other relevant information? Enter N/A if the event is not a contribution rate reduction, or if the event is a contribution rate reduction but the requested SFA is limited to the amount of SFA determined as if the event had not occurred.	Yes No N/A		N/A - included in Cont Rate Cert Plan Name CE	N/A		N/A - included in Cont Rate Cert Plan Name CE	N/A - included in Cont Rate Cert Plan Name CE

Additional Information for Certain Events under § 4262.4(f) - Applicable Only to Any Mergers in § 4262.4(f)(1)(ii)

Plans that have experienced mergers identified in § 4262.4(f)(1)(ii) must complete Checklist Items #50 through #63. If you are required to complete Checklist Items #50 through #63, your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #50 through #63. All other plans should not provide any responses for Checklist Items #50 through #63.

50.	Addendum A for Certain Events Section B, Item (1)a.	In addition to the information provided with Checklist Item #1, does the application also include similar plan documents and amendments for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No			N/A		Pension plan documents, all versions available, and all amendments signed and dated	N/A
51.	Addendum A for Certain Events Section B, Item (1)b.	In addition to the information provided with Checklist Item #2, does the application also include similar trust agreements and amendments for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No			N/A		Pension plan documents, all versions available, and all amendments signed and dated	N/A
52.	Addendum A for Certain Events Section B, Item (1)c.	In addition to the information provided with Checklist Item #3, does the application also include the most recent IRS determination for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)? Enter N/A if the plan does not have a determination letter.	Yes No N/A			N/A		Pension plan documents, all versions available, and all amendments signed and dated	N/A

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	LB.E.W. Pacific Coast Pension Fund (IBEW PCPF)
EIN:	94-6128032
PN:	001
SFA Amount Requested:	\$70,463,335.00

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

-----Filers provide responses here for each Checklist Item:-----

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

v20240717p

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
53.	Addendum A for Certain Events Section B, Item (2)	In addition to the information provided with Checklist Item #4, for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii), does the application include the actuarial valuation report for the 2018 plan year and each subsequent actuarial valuation report completed before the application filing date?	Yes No			N/A	Identify here how many reports are provided.	Most recent actuarial valuation for the plan	YYYYAVR Plan Name Merged , where "Plan Name Merged" is abbreviated version of the plan name for the plan merged into this plan.
54.	Addendum A for Certain Events Section B, Item (3)	In addition to the information provided with Checklist Items #5.a. and #5.b., does the application include similar rehabilitation plan information for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No			N/A		Rehabilitation plan (or funding improvement plan, if applicable)	N/A
55.	Addendum A for Certain Events Section B, Item (4)	In addition to the information provided with Checklist Item #6, does the application include similar Form 5500 information for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No			N/A		Latest annual return/report of employee benefit plan (Form 5500)	YYYYForm5500 Plan Name Merged , "Plan Name Merged" is abbreviated version of the plan name for the plan merged into this plan.
56.	Addendum A for Certain Events Section B, Item (5)	In addition to the information provided with Checklist Items #7.a., #7.b., and #7.c., does the application include similar certifications of plan status for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No			N/A	Identify how many zone certifications are provided.	Zone certification	YYYYZoneYYYYMMDD Plan Name Merged, where the first "YYYY" is the applicable plan year, and "YYYYMMDD" is the date the certification was prepared. "Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.
57.	Addendum A for Certain Events Section B, Item (6)	In addition to the information provided with Checklist Item #8, does the application include the most recent cash and investment account statements for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No			N/A		Bank/Asset statements for all cash and investment accounts	N/A
58.	Addendum A for Certain Events Section B, Item (7)	In addition to the information provided with Checklist Item #9, does the application include the most recent plan financial statement (audited, or unaudited if audited is not available) for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No			N/A		Plan's most recent financial statement (audited, or unaudited if audited not available)	N/A
59.	Addendum A for Certain Events Section B, Item (8)	In addition to the information provided with Checklist Item #10, does the application include all of the written policies and procedures governing the plan's determination, assessment, collection, settlement, and payment of withdrawal liability for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)? Are all such items included in a single document using the required filenaming convention?	Yes No			N/A		Pension plan documents, all versions available, and all amendments signed and dated	WDL Plan Name Merged , where "Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.

Application to PBGC for Approval of Special Financial Assistance (SFA)

APPLICATION CHECKLIST

Plan name:	LB.E.W. Pacific Coast Pension Fund (IBEW PCPF)
EIN:	94-6128032
PN:	001
SFA Amount Requested:	\$70,463,335.00

Do NOT use this Application Checklist for a supplemented application. Instead use Application Checklist - Supplemented.

v20240717p

Unless otherwise specified:
YYYY = plan year
Plan Name = abbreviated plan name

-----Filers provide responses here for each Checklist Item:-----

Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #39. In addition, if required to provide information due to a "certain event" (see Addendum A of the SFA Filing Instructions), your application will be considered incomplete if No is entered as a Plan Response for any Checklist Items #40.a. through #49.b. If there is a merger event described in Addendum A, your application will also be considered incomplete if No is entered as a Plan Response for any Checklist Items #50 through #63.

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	SFA Filing Instructions Reference		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	In the e-Filing Portal, upload as Document Type	Use this Filenaming Convention
60.	Addendum A for Certain Events Section B, Item (9)	In addition to the information provided with Checklist Item #11, does the application include documentation of a death audit (with the information described in Checklist Item #11) for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No					Pension plan documents, all versions available, and all amendments signed and dated	Death Audit Plan Name Merged , where "Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.
61.	Addendum A for Certain Events Section C, Item (1)	In addition to the information provided with Checklist Item #13, does the application include the same information in the format of Template 1 for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)? Enter N/A if each plan that fully merged into this plan is not required to respond Yes to line 8b(1) on the most recently filed Form 5500 Schedule MB.	Yes No N/A					Financial assistance spreadsheet (template)	Template 1 Plan Name Merged , where "Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.
62.	Addendum A for Certain Events Section C, Item (2)	In addition to the information provided with Checklist Item #14, does the application include the same information in the format of Template 2 (if required based on the participant threshold) for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)? Enter N/A if each plan that merged into this plan has less than 10,000 participants on line 6f of the most recently filed Form 5500.	Yes No N/A					Contributing employers	Template 2 Plan Name Merged , where "Plan Name Merged" is an abbreviated version of the plan name fore the plan merged into this plan.
63.	Addendum A for Certain Events Section C, Item (3)	In addition to the information provided with Checklist Item #15, does the application include similar information in the format of Template 3 for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)?	Yes No					Historical Plan Financial Information (CBUs, contribution rates, contribution amounts, withdrawal liability payments)	Template 3 Plan Name Merged , where "Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.

SFA APPLICATION AMENDMENT COVER LETTER

I.B.E.W. Pacific Coast Pension Fund

Plan name

The following statements must be signed by an authorized trustee who is a current member of the board of trustees.

- (1) By submitting this form, I am seeking expedited review by PBGC of the revised SFA application of the above-named plan.
- (2) I acknowledge that if PBGC, in its discretion, determines that it cannot complete review on an expedited schedule, PBGC's review of the plan's revised application under 29 CFR 4262.11(a) may take up to 120 days after the plan's revised application for SFA is properly and timely filed.
- (3) The plan meets the following requirements:
 - Less than 100 days have elapsed since the plan filed its previous application; and
 - The plan's application filed on 6/26/2024 [filing date] is withdrawn and the plan's revised application is submitted.
- (4) List below the specific corrections that the plan is making in its revised application (if needed, use a separate sheet).

The CBU decline assumption has been revised to exclude withdrawn employers from the calculation in order to support the assumption of no future withdrawal liability collections.

The new entrant profile has been revised to include vested terminated rehires to align with the "acceptable" assumption guidance in PBGC SFA 22-07 Section III.D.

- (5) 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 above named plan and that I have examined this application, including accompanying documents, 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; and all accompanying documents are what they purport to be.



Trustee's signature

9/27/24

Date

Clint Bryson

Trustee's printed name and title

SFA APPLICATION AMENDMENT COVER LETTER

I.B.E.W. Pacific Coast Pension Fund

Plan name

The following statements must be signed by an authorized trustee who is a current member of the board of trustees.

- (1) By submitting this form, I am seeking expedited review by PBGC of the revised SFA application of the above-named plan.
- (2) I acknowledge that if PBGC, in its discretion, determines that it cannot complete review on an expedited schedule, PBGC's review of the plan's revised application under 29 CFR 4262.11(a) may take up to 120 days after the plan's revised application for SFA is properly and timely filed.
- (3) The plan meets the following requirements:
 - Less than 100 days have elapsed since the plan filed its previous application; and
 - The plan's application filed on 6/26/2024 [filing date] is withdrawn and the plan's revised application is submitted.
- (4) List below the specific corrections that the plan is making in its revised application (if needed, use a separate sheet).

The CBU decline assumption has been revised to exclude withdrawn employers from the calculation in order to support the assumption of no future withdrawal liability collections.

The new entrant profile has been revised to include vested terminated rehires to align with the "acceptable" assumption guidance in PBGC SFA 22-07 Section III.D.

- (5) 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 above named plan and that I have examined this application, including accompanying documents, 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; and all accompanying documents are what they purport to be.

Peter Butler
Trustee's signature

9-27-2024
Date

Peter Butler
Trustee's printed name and title

Co-Chairman

TEMPLATE 4A - Sheet 4A-1

v20221102p

SFA Determination - non-SFA Interest Rate and SFA Interest Rate

Provide the non-SFA interest rate and SFA interest rate used, including supporting details on how they were determined.

PLAN INFORMATION

Abbreviated Plan Name:	IBEW PCPF		
EIN:	94-6128032	<p>For a plan other than a plan described in § 4262.4(g) (i.e., for a plan that has <u>not</u> filed an initial application under PBGC's interim final rule), the last day of the third calendar month immediately preceding the plan's initial application date.</p> <p>For a plan described in § 4262.4(g) (i.e., for a plan that filed an initial application prior to publication of the final rule), the last day of the calendar quarter immediately preceding the plan's initial application date.</p>	
PN:	001		
Initial Application Date:	03/30/2023		
SFA Measurement Date:	12/31/2022		
Last day of first plan year ending after the measurement date:	03/31/2023		

Non-SFA Interest Rate Used:	5.85%	Rate used in projection of non-SFA assets.
SFA Interest Rate Used:	3.77%	Rate used in projection of SFA assets.

Development of non-SFA interest rate and SFA interest rate:

Plan Interest Rate:	7.00%	Interest rate used for the funding standard account projections in the plan's most recently completed certification of plan status before 1/1/2021.
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	Month Year	Corresponding ERISA Section 303(h)(2)(C)(i), (ii), and (iii) rates disregarding modifications made under clause (iv) of such section.			
		(i)	(ii)	(iii)	
Month in which plan's initial application is filed, and corresponding segment rates (leave (i), (ii), and (iii) blank if the IRS Notice for this month has not yet been issued):	March 2023	2.50%	3.83%	4.06%	<p>24-month average segment rates without regard to interest rate stabilization rules. These rates are issued by IRS each month. For example, the applicable segment rates for August 2021 are 1.13%, 2.70%, and 3.38%. Those rates were issued in IRS Notice 21-50 on August 16, 2021 (see page 2 of notice under the heading "24-Month Average Segment Rates Without 25-Year Average Adjustment").</p> <p>They are also available on IRS' Funding Yield Curve Segment Rate Tables web page (See Funding Table 3 under the heading "24-Month Average Segment Rates Not Adjusted").</p>
1 month preceding month in which plan's initial application is filed, and corresponding segment rates:	February 2023	2.31%	3.72%	4.00%	
2 months preceding month in which plan's initial application is filed, and corresponding segment rates:	January 2023	2.13%	3.62%	3.93%	
3 months preceding month in which plan's initial application is filed, and corresponding segment rates:	December 2022	1.95%	3.50%	3.85%	

Non-SFA Interest Rate Limit (lowest 3rd segment rate plus 200 basis points) :	5.85%	This amount is calculated based on the other information entered above.
---	-------	---

Non-SFA Interest Rate Calculation (lesser of Plan Interest Rate and Non-SFA Interest Rate Limit):	5.85%	This amount is calculated based on the other information entered above.
Non-SFA Interest Rate Match Check:	Match	If the non-SFA Interest Rate Calculation is not equal to the non-SFA Interest Rate Used, provide explanation below.

SFA Interest Rate Limit (lowest average of the 3 segment rates plus 67 basis points) :	3.77%	This amount is calculated based on the other information entered.
--	-------	---

SFA Interest Rate Calculation (lesser of Plan Interest Rate and SFA Interest Rate Limit) :	3.77%	This amount is calculated based on the other information entered above.
SFA Interest Rate Match Check:	Match	If the SFA Interest Rate Calculation is not equal to the SFA Interest Rate Used, provide explanation below.

TEMPLATE 5A - Sheet 5A-1

v20220802p

Baseline - Benefit Payments for the "basic method", or for MPRA plans for which the requested amount of SFA is determined under the "increasing assets method"

See Template 4A instructions for Sheet 4A-2, except provide the benefit payment projection used to determine the Baseline SFA amount.

PLAN INFORMATION

Abbreviated Plan Name:	IBEW PCPF
EIN:	94-6128032
PN:	001
SFA Measurement Date:	12/31/2022

On this Sheet, show all benefit payment amounts as positive amounts.

PROJECTED BENEFIT PAYMENTS for:

SFA Measurement Date / Plan Year Start Date	Plan Year End Date	Current Retirees and Beneficiaries in Pay Status	Current Terminated Vested Participants	Current Active Participants	New Entrants	Total
12/31/2022	03/31/2023	\$6,681,424	\$566,765	\$143,727	\$0	\$7,391,916
04/01/2023	03/31/2024	\$26,162,487	\$2,780,713	\$1,193,046	\$1,472	\$30,137,718
04/01/2024	03/31/2025	\$25,568,635	\$3,384,960	\$1,764,050	\$5,505	\$30,723,150
04/01/2025	03/31/2026	\$24,943,837	\$4,028,752	\$2,243,085	\$12,009	\$31,227,683
04/01/2026	03/31/2027	\$24,287,653	\$4,525,572	\$2,665,192	\$19,878	\$31,498,295
04/01/2027	03/31/2028	\$23,599,970	\$5,102,457	\$2,970,642	\$44,284	\$31,717,353
04/01/2028	03/31/2029	\$22,880,967	\$5,679,521	\$3,235,541	\$72,269	\$31,868,298
04/01/2029	03/31/2030	\$22,131,207	\$6,244,118	\$3,498,170	\$104,140	\$31,977,635
04/01/2030	03/31/2031	\$21,351,652	\$6,594,926	\$3,767,935	\$137,047	\$31,851,560
04/01/2031	03/31/2032	\$20,543,584	\$7,069,924	\$4,083,493	\$172,853	\$31,869,854
04/01/2032	03/31/2033	\$19,708,657	\$7,705,089	\$4,450,697	\$219,944	\$32,084,387
04/01/2033	03/31/2034	\$18,848,926	\$8,031,695	\$4,829,411	\$279,607	\$31,989,639
04/01/2034	03/31/2035	\$17,966,800	\$8,424,464	\$5,175,789	\$349,282	\$31,916,335
04/01/2035	03/31/2036	\$17,065,093	\$8,721,267	\$5,471,103	\$421,259	\$31,678,722
04/01/2036	03/31/2037	\$16,147,061	\$8,834,689	\$5,740,894	\$500,420	\$31,223,064
04/01/2037	03/31/2038	\$15,216,476	\$8,986,576	\$5,990,203	\$593,208	\$30,786,463
04/01/2038	03/31/2039	\$14,277,610	\$9,111,285	\$6,219,033	\$700,467	\$30,308,395
04/01/2039	03/31/2040	\$13,335,121	\$9,086,194	\$6,449,052	\$818,142	\$29,688,509
04/01/2040	03/31/2041	\$12,393,932	\$9,086,729	\$6,696,019	\$943,902	\$29,120,582
04/01/2041	03/31/2042	\$11,459,089	\$9,006,507	\$6,959,016	\$1,081,849	\$28,506,461
04/01/2042	03/31/2043	\$10,535,729	\$8,986,152	\$7,224,059	\$1,238,947	\$27,984,887
04/01/2043	03/31/2044	\$9,629,061	\$8,873,294	\$7,466,310	\$1,407,923	\$27,376,588
04/01/2044	03/31/2045	\$8,744,362	\$8,799,882	\$7,710,176	\$1,585,498	\$26,839,918
04/01/2045	03/31/2046	\$7,886,981	\$8,625,194	\$7,919,004	\$1,767,903	\$26,199,082
04/01/2046	03/31/2047	\$7,062,263	\$8,399,760	\$8,080,947	\$1,966,886	\$25,509,856
04/01/2047	03/31/2048	\$6,275,312	\$8,166,762	\$8,202,175	\$2,195,378	\$24,839,627
04/01/2048	03/31/2049	\$5,530,913	\$7,907,798	\$8,325,493	\$2,444,372	\$24,208,576
04/01/2049	03/31/2050	\$4,833,316	\$7,588,134	\$8,483,906	\$2,700,352	\$23,605,708
04/01/2050	03/31/2051	\$4,185,933	\$7,266,576	\$8,640,804	\$2,958,072	\$23,051,385

TEMPLATE 6A - Sheet 6A-1

v20220802p

Reconciliation - Summary for the "basic method", or for MPRA plans for which the requested amount of SFA is determined under the "increasing assets method"[See Template 6A Instructions for Additional Instructions for Sheet 6A-1.](#)**PLAN INFORMATION**

Abbreviated Plan Name:	IBEW PCPF	
EIN:	94-6128032	
PN:	001	
MPRA Plan?	No	
If a MPRA Plan, which method yields the greatest amount of SFA?	N/A	

Item number	Basis for Assumptions/Methods. For each Item, briefly describe the incremental change reflected in the SFA amount.	Change in SFA Amount (from prior Item number)	SFA Amount
1	Baseline	N/A	\$26,722,238
2	Expense Assumption Update	(\$347,819)	\$26,374,419
3	Decreasing CBU Assumption	\$44,088,915	\$70,463,335
4			
5			

NOTE: A sheet with Recon Details is not required for the last Item number provided, since that information should be the same as provided in Template 4A.

From Template 5A.

Show details supporting the SFA amount on Sheet 6A-2.

Show details supporting the SFA amount on Sheet 6A-3.

Show details supporting the SFA amount on Sheet 6A-4.

Show details supporting the SFA amount on Sheet 6A-5.

Create additional rows as needed, and create additional detailed sheets by copying Sheet 6A-5 and re-labeling the header and the sheet name to be 6A-6, 6A-7, etc.

Template 7 - Sheet 7b

v20220701p

Assumption/Method Changes - SFA Amount

PLAN INFORMATION

Abbreviated Plan Name:	IBEW PCPF	
EIN:	94-6128032	
PN:	001	

	(A)	(B)	(C)
Assumption/Method That Has Changed From Assumption Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Brief description of assumption/method used in the most recent certification of plan status completed prior to 1/1/2021	Brief description of assumption/method used to determine the requested SFA amount (if different)	Brief explanation on why the assumption/method in (A) is no longer reasonable and why the assumption/method in (B) is reasonable
CBU Assumption	1,550,000 hours for the 2020 plan year and each year thereafter	1,491,840 hours for the 2018-2019 plan year declining by 2.14% per year for 10 years through March 31, 2029, and then 1% decline per year thereafter	The original assumption is no longer reasonable because it anticipated stability in hours based on a speculative industry trend that did not ultimately occur. The updated assumption is reasonable because it reflects the Plan's actual experience through the SFA measurement date and the Trustees' expectations of the Plan's future experience in light of the electrical industry's current situation in Tacoma and West Coast shipyards.
Expense Assumption	Increasing by 2% per year from a baseline of \$850,000 for 2020-2021 plan year, with adjustment in 2031 for the known increase in PBGC premiums	Baseline of \$850,000 for 2022-2023 plan year. \$903,881 for 2023-2024 plan year, which reflects actual PBGC premium rates and a 2.3% increase from 2022-2023 (net of PBGC premiums) plus an additional \$30,000 in actual fees related to the SFA filing. \$942,222 for 2024-2025 plan year, which reflects actual PBGC premium rates and a 2.3% increase from 2023-2024 (net of PBGC premiums and SFA filing fees) plus an additional \$45,000 in estimated fees related to the SFA filing. 2.3% annual increases thereafter, with adjustment in 2031 for the known increase in PBGC premiums.	The original assumption is no longer reasonable because it did not reflect the Plan's actual experience through the measurement date and did not anticipate the additional fees related to the SFA filing. Additionally, the 2.0% inflation assumption did not reflect the most recent inflation outlook as of December 31, 2022.

TEMPLATE 8

File name: *Template 8 Plan Name* , where "Plan Name" is an abbreviated version of the plan name.

v20220802p

Contribution and Withdrawal Liability Details

Provide details of the projected contributions and withdrawal liability payments used to calculate the requested SFA amount. This should include total contributions, contribution base units (including identification of the base unit used (i.e., hourly, weekly)), average contribution rate(s), reciprocity contributions (if applicable), additional contributions from the rehabilitation plan (if applicable), and any other identifiable contribution streams. For withdrawal liability, separately show amounts for currently withdrawn employers and for future assumed withdrawals. Also provide the projected number of active participants at the beginning of each plan year.

The first row in the projection period is for the period beginning on the SFA measurement date and ending on the last day of the plan year containing the SFA measurement date. For all other periods, provide the full plan year of information up to the plan year ending in 2051.

PLAN INFORMATION

Abbreviated Plan Name:	IBEW PCPF
EIN:	94-6128032
PN:	001

Unit (e.g. hourly, weekly)	Hourly
----------------------------	--------

		All Other Sources of Non-Investment Income								
SFA Measurement Date / Plan Year Start Date	Plan Year End Date	Total Contributions*	Total Contribution Base Units	Average Contribution Rate	Reciprocity Contributions (if applicable)	Additional Rehab Plan Contributions (if applicable)	Other - Explain if Applicable	Withdrawal Liability Payments for Currently Withdrawn Employers	Withdrawal Liability Payments for Projected Future Withdrawals	Projected Number of Active Participants (Including New Entrants) at the Beginning of the Plan Year
12/31/2022	03/31/2023	\$2,989,217	342,016	\$8.74						875
04/01/2023	03/31/2024	\$11,700,741	1,338,757	\$8.74	\$0	\$0	\$0	\$0	\$0	856
04/01/2024	03/31/2025	\$11,450,099	1,310,080	\$8.74	\$0	\$0	\$0	\$0	\$0	838
04/01/2025	03/31/2026	\$11,204,827	1,282,017	\$8.74	\$0	\$0	\$0	\$0	\$0	820
04/01/2026	03/31/2027	\$10,964,809	1,254,555	\$8.74	\$0	\$0	\$0	\$0	\$0	802
04/01/2027	03/31/2028	\$10,729,933	1,227,681	\$8.74	\$0	\$0	\$0	\$0	\$0	785
04/01/2028	03/31/2029	\$10,500,087	1,201,383	\$8.74	\$0	\$0	\$0	\$0	\$0	768
04/01/2029	03/31/2030	\$10,395,086	1,189,369	\$8.74	\$0	\$0	\$0	\$0	\$0	761
04/01/2030	03/31/2031	\$10,291,135	1,177,475	\$8.74	\$0	\$0	\$0	\$0	\$0	753
04/01/2031	03/31/2032	\$10,188,224	1,165,701	\$8.74	\$0	\$0	\$0	\$0	\$0	746
04/01/2032	03/31/2033	\$10,086,342	1,154,044	\$8.74	\$0	\$0	\$0	\$0	\$0	738
04/01/2033	03/31/2034	\$9,985,478	1,142,503	\$8.74	\$0	\$0	\$0	\$0	\$0	731
04/01/2034	03/31/2035	\$9,885,624	1,131,078	\$8.74	\$0	\$0	\$0	\$0	\$0	724
04/01/2035	03/31/2036	\$9,786,767	1,119,767	\$8.74	\$0	\$0	\$0	\$0	\$0	716
04/01/2036	03/31/2037	\$9,688,900	1,108,570	\$8.74	\$0	\$0	\$0	\$0	\$0	709
04/01/2037	03/31/2038	\$9,592,011	1,097,484	\$8.74	\$0	\$0	\$0	\$0	\$0	702
04/01/2038	03/31/2039	\$9,496,091	1,086,509	\$8.74	\$0	\$0	\$0	\$0	\$0	695
04/01/2039	03/31/2040	\$9,401,130	1,075,644	\$8.74	\$0	\$0	\$0	\$0	\$0	688
04/01/2040	03/31/2041	\$9,307,118	1,064,888	\$8.74	\$0	\$0	\$0	\$0	\$0	681
04/01/2041	03/31/2042	\$9,214,047	1,054,239	\$8.74	\$0	\$0	\$0	\$0	\$0	674
04/01/2042	03/31/2043	\$9,121,907	1,043,696	\$8.74	\$0	\$0	\$0	\$0	\$0	668
04/01/2043	03/31/2044	\$9,030,688	1,033,259	\$8.74	\$0	\$0	\$0	\$0	\$0	661
04/01/2044	03/31/2045	\$8,940,381	1,022,927	\$8.74	\$0	\$0	\$0	\$0	\$0	654
04/01/2045	03/31/2046	\$8,850,977	1,012,698	\$8.74	\$0	\$0	\$0	\$0	\$0	648
04/01/2046	03/31/2047	\$8,762,467	1,002,571	\$8.74	\$0	\$0	\$0	\$0	\$0	641
04/01/2047	03/31/2048	\$8,674,843	992,545	\$8.74	\$0	\$0	\$0	\$0	\$0	635
04/01/2048	03/31/2049	\$8,588,094	982,619	\$8.74	\$0	\$0	\$0	\$0	\$0	629
04/01/2049	03/31/2050	\$8,502,213	972,793	\$8.74	\$0	\$0	\$0	\$0	\$0	622
04/01/2050	03/31/2051	\$8,417,191	963,065	\$8.74	\$0	\$0	\$0	\$0	\$0	616

* Total contributions shown here should be contributions based upon CBU's and should not include items separately shown in any columns under "All Other Sources of Non-Investment Income."

Template 10
Pre-2021 Zone Certification, Baseline Details, and Final SFA Assumption Summaries

v20230727

PLAN INFORMATION

Abbreviated Plan Name:	IBEW PCPF
EIN:	94-6128032
PN:	001

	(A)	(B)	(C)	(D)	(E)	
	Source of (B)	Assumption/Method Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Baseline Assumption/Method Used	Final SFA Assumption/Method Used	Category of assumption change from (B) to (D) per SFA Assumption Guidance	Comments
SFA Measurement Date	N/A	N/A	12/31/2022	12/31/2022	N/A	
Census Data as of	N/A	N/A	04/01/2022	04/01/2022	N/A	4/1/2022 Census Data described in: 2022AVR_IBEW_PCPF.pdf p. 41-44

DEMOGRAPHIC ASSUMPTIONS

Base Mortality - Healthy	2019AVR_IBEW_PCPF.pdf p.46	RP-2014 Adjusted to 2006 Total Dataset	RP-2014 Adjusted to 2006 Total Dataset	RP-2014 Adjusted to 2006 Total Dataset	No Change	
Mortality Improvement - Healthy	2019AVR_IBEW_PCPF.pdf p.46	MP-2017	MP-2017	MP-2017	No Change	
Base Mortality - Disabled	2019AVR_IBEW_PCPF.pdf p.46	RP-2014 Adjusted to 2006 Disabled Retiree	RP-2014 Adjusted to 2006 Disabled Retiree	RP-2014 Adjusted to 2006 Disabled Retiree	No Change	
Mortality Improvement - Disabled	2019AVR_IBEW_PCPF.pdf p.46	MP-2017	MP-2017	MP-2017	No Change	
Retirement - Actives	2019AVR_IBEW_PCPF.pdf p.47	55 0.10 56-57 0.05 58-59 0.06 60 0.08 61 0.15 62-63 0.50 64 0.75 65+ 1.00	55 0.10 56-57 0.05 58-59 0.06 60 0.08 61 0.15 62-63 0.50 64 0.75 65+ 1.00	55 0.10 56-57 0.05 58-59 0.06 60 0.08 61 0.15 62-63 0.50 64 0.75 65+ 1.00	No Change	There are no Active participants under Schedule 1 or 2 of the Rehabilitation Plan so the Rule of 85 rates do not apply to any current actives or assumed new entrants
Retirement - TVs	2019AVR_IBEW_PCPF.pdf p.47	100% at age 63	100% at age 63	100% at age 63	No Change	
Turnover	2019AVR_IBEW_PCPF.pdf p.47	20 0.0794 25 0.0772 30 0.0722 35 0.0628 40 0.0515 45 0.0398 50 0.0256 55+ 0.000 The above rates apply after 5 years of service. A 10% annual rate of termination is assumed for less than 5 years of service	20 0.0794 25 0.0772 30 0.0722 35 0.0628 40 0.0515 45 0.0398 50 0.0256 55+ 0.000 The above rates apply after 5 years of service. A 10% annual rate of termination is assumed for less than 5 years of service	20 0.0794 25 0.0772 30 0.0722 35 0.0628 40 0.0515 45 0.0398 50 0.0256 55+ 0.000 The above rates apply after 5 years of service. A 10% annual rate of termination is assumed for less than 5 years of service	No Change	
Disability	2019AVR_IBEW_PCPF.pdf p.48	20 0.0005 25 0.0006 30 0.0008 35 0.0011 40 0.0017 45 0.0027 50 0.0045 55 0.0075 60 0.0122 65+ 0.0000	20 0.0005 25 0.0006 30 0.0008 35 0.0011 40 0.0017 45 0.0027 50 0.0045 55 0.0076 60 0.0122 65+ 0.0000	20 0.0005 25 0.0006 30 0.0008 35 0.0011 40 0.0017 45 0.0027 50 0.0045 55 0.0076 60 0.0122 65+ 0.0000	No Change	
Optional Form Elections - Actives	2019AVR_IBEW_PCPF.pdf p.48	SLA	SLA	SLA	No Change	
Optional Form Elections - TVs	2019AVR_IBEW_PCPF.pdf p.48	SLA	SLA	SLA	No Change	
Marital Status	2019AVR_IBEW_PCPF.pdf p.48	85% of participants are married	85% of participants are married	85% of participants are married	No Change	

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Pre-2021 Zone Certification, Baseline Details, and Final SFA Assumption Summaries
PLAN INFORMATION

Abbreviated Plan Name:	IBEW PCPF
EIN:	94-6128032
PN:	001

	(A)	(B)	(C)	(D)	(E)	
	Source of (B)	Assumption/Method Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Baseline Assumption/Method Used	Final SFA Assumption/Method Used	Category of assumption change from (B) to (D) per SFA Assumption Guidance	Comments
Spouse Age Difference	2019AVR_IBEW_PCPF.pdf p.48	Males are 4 years older than females	Males are 4 years older than females	Males are 4 years older than females	No Change	
Active Participant Count	2022AVR_IBEW_PCPF.pdf p.42	875 in all future years	875 in all future years	875 in 2022-2023, decreasing by same percentage as hours	Generally Acceptable Change	Active participants are assumed to work 1,563.5 hours per year so the CBU assumption divided by 1,563.5 provides the active count.
New Entrant Profile	N/A	New entrants are assumed to have the same demographic composition as the current active population, creating a stable normal cost in future years.	New entrants have the same profile as new entrants and rehires to the plan within the five years ending 3/31/2022.	New entrants have the same profile as new entrants and rehires to the plan within the five years ending 3/31/2022.	Acceptable Change	New entrant assumption not explicitly described in 2020 Zone Certification
Missing or Incomplete Data	N/A	N/A	N/A	N/A	No Change	Marital assumptions used to value VTs found in death audit with unknown marital status
"Missing" Terminated Vested Participant Assumption	N/A	N/A	N/A	N/A	No Change	All TVs valued
Treatment of Participants Working Past Retirement Date	N/A	Assumed to retire on valuation date with unreduced benefit	Assumed to retire on valuation date with unreduced benefit	Assumed to retire on valuation date with unreduced benefit	No Change	This assumption is not explicitly described in the valuation reports.
Assumptions Related to Reciprocity	N/A	Net reciprocity contributions are included in CBU assumption and average contribution rates	Net reciprocity contributions are included in CBU assumption and average contribution rates	Net reciprocity contributions are included in CBU assumption and average contribution rates	No Change	This assumption is not explicitly described in the valuation reports.
Other Demographic Assumption 1	2019AVR_IBEW_PCPF.pdf p.48	Mid-year decrements except for retirement with 100% probability which is assumed to occur beginning of year	Mid-year decrements except for retirement with 100% probability which is assumed to occur beginning of year	Mid-year decrements except for retirement with 100% probability which is assumed to occur beginning of year	No Change	Decrement Timing
Other Demographic Assumption 2	N/A				No Change	
Other Demographic Assumption 3						

NON-DEMOGRAPHIC ASSUMPTIONS

Contribution Base Units	2019AVR_IBEW_PCPF.pdf p.48	1,550,000 hours in all future years	1,550,000 hours in all future years	1,491,840 hours in 2018-2019 plan year declining by 2.14% per year for 10 years and 1% thereafter	Generally Acceptable Change	
Contribution Rate	2020Zone20200629_IBEW_PCPF.pdf p.2	\$8.74/hr	\$8.74/hr	\$8.74/hr	No Change	
Administrative Expenses	2019AVR_IBEW_PCPF.pdf p.46	\$850,000 for 2020-2021 increasing by 2% annually	\$850,000 for 2020-2021 increasing by 2% annually	\$850,000 for 2022-2023 increasing by 2.3% annually with an adjustment for known PBGC premium rates in 2023 and 2024 and increases in 2031, plus an additional \$30,000 in 2023-2024 and \$45,000 in 2024-2025 for estimated SFA filing fees.	Generally Acceptable Change	2.0% expense inflation is not explicitly described in the April 1, 2020 PPA Certification
Assumed Withdrawal Payments - Currently Withdrawn Employers	N/A	None	None	None	No Change	

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Pre-2021 Zone Certification, Baseline Details, and Final SFA Assumption Summaries

PLAN INFORMATION

Abbreviated Plan Name:	IBEW PCPF
EIN:	94-6128032
PN:	001

	(A)	(B)	(C)	(D)	(E)	
	Source of (B)	Assumption/Method Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Baseline Assumption/Method Used	Final SFA Assumption/Method Used	Category of assumption change from (B) to (D) per SFA Assumption Guidance	Comments
Assumed Withdrawal Payments -Future Withdrawals	N/A	None	None	None	No Change	
Other Assumption 1						
Other Assumption 2						
Other Assumption 3						

CASH FLOW TIMING ASSUMPTIONS

Benefit Payment Timing	N/A	Mid-year	Mid-year	Mid-year	No Change	Not explicitly described in reports
Contribution Timing	N/A	Mid-year	Mid-year	Mid-year	No Change	Not explicitly described in reports
Withdrawal Payment Timing	N/A	Mid-year	Mid-year	Mid-year	No Change	Not explicitly described in reports
Administrative Expense Timing	N/A	Mid-year	Mid-year	Mid-year	No Change	Not explicitly described in reports
Other Payment Timing	N/A	Mid-year	Mid-year	Mid-year	No Change	Not explicitly described in reports

Create additional rows as needed.