

| Number as marked in CPF | CPF Image Element | Schema Element |
|-------------------------|--|---|
| A | 14 a (1) This plan is the transferor plan. | Submission/Envelope/PlanData/TransfersTo |
| 7 | 14 b Employer Identification numbers and plan numbers - Transferee EIN | Submission/Envelope/PlanData/TransfersTo/TransferredToEIN |
| 8 | 14 b Employer Identification numbers and plan numbers - Transferee PN | Submission/Envelope/PlanData/TransfersTo/TransferredToPN |
| 1 | 14 b Employer Identification numbers and plan numbers - Transferor EIN | Populated based on the Plan EIN |
| 2 | 14 b Employer Identification numbers and plan numbers - Transferor PN | Populated based on the Plan PN |
| 3 | 14 c Type of transfer: _Merger _Consolidation _Spinoff _Other | Submission/Envelope/PlanData/TransfersTo/TransferToDate |
| 4 | 14 d- Date of Transfer | Submission/Envelope/PlanData/TransfersTo/TransferToReason/Merger Submission/Envelope/PlanData/TransfersTo/TransferToReason/Consolidation Submission/Envelope/PlanData/TransfersTo/TransferToReason/SpinOff Submission/Envelope/PlanData/TransfersTo/TransferToReason/Other |
| 5 | 14 e (1) was transfer de minimis? | Submission/Envelope/PlanData/TransfersTo/Deminimis/Yes Submission/Envelope/PlanData/TransfersTo/Deminimis/No |

14 Transfers between plans – If this plan transferred some, or all assets or liabilities to another plan (or vice versa) since the most recent comprehensive premium filing, provide the following information with respect to the plan to (or from) which assets or liabilities were transferred (if transfer involved a new or newly covered plan or if more than one transfer needs to be reported, see instructions).

a Check box for (1) or (2), whichever is applicable box: (1) This plan is the transferor plan. (2) This plan is the transferee plan.

b Employer Identification numbers and plan numbers: Transferor Plan: EIN 1 PN 2 Transferee Plan EIN 7 PN 8

3 c Type of transfer: Merger Consolidation Spinoff to/from another plan Other **d** Date of transfer / / 4

e Additional information for certain transactions. Complete this item only if the transfer occurred on the first day of the plan year and the plan is not a new plan.

5 (1) Was transfer de minimis? Yes No

(2) If plan is the transferee plan in a de minimis merger, was plan smaller than transferor plan (see instructions)? Yes No **6**

| Number as marked in CPF | CPF Image Element | Schema Element |
|-------------------------|---|---|
| B | 14 a (2) This plan is the transferee plan. | Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/ |
| 7 | 14 b Employer Identification numbers and plan numbers - Transferee EIN | Populated based on the Plan EIN |
| 8 | 14 b Employer Identification numbers and plan numbers - Transferee PN | Populated based on the Plan PN |
| 1 | 14 b Employer Identification numbers and plan numbers - Transferor EIN | Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferredEIN |
| 2 | 14 b Employer Identification numbers and plan numbers - Transferor PN | Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferredPN |
| 3 | 14 c Type of transfer: _Merger _Consolidation _Spinoff _Other | Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferReason/Merger Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferReason/ Consolidation Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferReason/SpinOff Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferReason/ Other |
| 4 | 14 d- Date of Transfer | Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/TransferDate |
| 5 | 14 e (1) was transfer de minimis? | Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/Deminimis/Yes Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/Deminimis/No |
| 6 | 14 e (2) If plan is the transferee plan in a de minimis merger, was plan smaller than transferor plan (see instructions)? | Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/SurvivingPlan/Smaller Submission/Envelope/PlanData/PlanTransfers/Yes/Transfers/SurvivingPlan/Larger |

14 Transfers between plans – If this plan transferred some, or all assets or liabilities to another plan (or vice versa) since the most recent comprehensive premium filing, provide the following information with respect to the plan to (or from) which assets or liabilities were transferred (if transfer involved a new or newly covered plan or if more than one transfer needs to be reported, see instructions).

a Check box for (1) or (2), whichever is applicable box: (1) This plan is the transferor plan. (2) This plan is the transferee plan.

b Employer Identification numbers and plan numbers: Transferor Plan: EIN 1 PN 2 Transferee Plan EIN 7 PN 8

3 c Type of transfer: Merger Consolidation Spinoff to/from another plan Other d Date of transfer 4

e Additional information for certain transactions. Complete this item only if the transfer occurred on the first day of the plan year and the plan is not a new plan.

5 (1) Was transfer de minimis? Yes No

(2) If plan is the transferee plan in a de minimis merger, was plan smaller than transferor plan (see instructions)? Yes No 6