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December 30, 2021

Karen A. Grisz, CFA, Program Manager
Pension Benefit Guaranty Corporation
Multiemployer Program Division
1200 K Street, N.W.
Washington DC 20005

**Re: Teamsters Local 617 Pension Fund
EIN 23-7356773, Plan No. 001
Application for Special Financial Assistance under ERISA Section 4262**

Dear Ms. Grisz:

On behalf of the Board of Trustees of the Teamsters Local 617 Pension Fund, we are submitting a revised application for Special Financial Assistance (“SFA”) in accordance with Section 4262 of the Employee Retirement Income Security Act of 1974 (“ERISA”) and PBGC’s Interim Final Rule on SFA (“IFR”, 29 CFR part 4262). In accordance with the Instructions for Filing Requirements for Multiemployer Plans Applying for SFA (“Instructions”), we are submitting only the documents which have been revised or modified from the original applicaiton. The following documents are attached:

- (1) SFA Checklist;
- (2) Template 4;
- (3) Template 6;
- (4) Template 7;
- (5) Actuary's Certification as required in Section E(4) of the Instructions.

Please contact the undersigned with any questions or concerns regarding this revised application.

Sincerely,

Dewey Dennis, EA, MAAA
Consulting Actuary

EXHIBIT E – 04 CERTIFICATION BY THE PLAN’S ACTUARY

The Trustees are submitting an application to the Pension Benefit Guaranty Corporation (PBGC) for Special Financial Assistance (SFA) under §4262 of ERISA. This is to certify that the requested amount of SFA is the amount to which the plan is entitled under §4262(j)(1) of ERISA and §4262.4 of PBGC’s SFA Interim Final Rule, and to document the assumptions and methods used in the calculation of the SFA amount and the source of the data.

The undersigned actuaries of First Actuarial Consulting, Inc. meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained in this certification. All the calculations were performed in accordance with our understanding of generally accepted actuarial principles and practices and this report, to our knowledge, is complete and accurate and complies with the reasonable actuarial-assumption rules.

The undersigned actuaries certify that the requested amount of SFA as indicated on Template 4 attached to this application, plus any loan repayment under ERISA Section 4261 – is the amount to which the plan is entitled under §4262(j)(1) of ERISA and §4262.4 of PBGC’s SFA Interim Final Rule.



Dewey A. Dennis, F.C.A., M.A.A.A.
Enrolled Actuary No. 20-05712



Nadine Solntseva, F.C.A., M.A.A.A.
Enrolled Actuary No. 20-07546

EXHIBIT E – 04 ACTUARIAL ASSUMPTIONS

The following assumptions were used to determine the SFA amount:

Interest Rates 5.38% per annum (August 2021 3rd Segment Rate of 3.38% plus 200 basis points)

Mortality Pri-2012 amount-weighted Blue Collar (Pri-2012(BC)) table projected on a fully generational basis with scale MP-2019.

Retirement Age Active participants:

<u>Retirement Age</u>	<u>Pension Credits</u>
65	Less than 15
57	15 – 24.75
55	25 – 29.75
50	30 or more

Inactive participants: age 65.

Termination Rates Sample rates are as follows:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
20	7.94%	40	6.11%
25	7.72	45	5.16
30	7.40	50	3.62
35	6.86		

Termination rates are set equal to zero at the first eligibility for an immediate pension.

Disability Rates Sample rates are as follows:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
20	0.05%	45	0.18%
25	0.05	50	0.40
30	0.05	55	0.85
35	0.06	60	1.74
40	0.09		

Administrative Expenses The plan is assumed to have administrative expenses of \$651,909 per annum as of the plan year beginning March 1, 2022 increasing by 2.25% per annum. The base assumption was discounted back at the 2.25% increase rate and prorated for the 8 months in the July 1, 2021, through February 28, 2022, stub year. An additional increase of \$13 per participant is anticipated in the plan year beginning March 1, 2031, to account for the PBGC premium increase to \$52 per participant for the 2031 plan year. This assumption is capped at 15% of the expected benefit payments for each

EXHIBIT E – 04 ACTUARIAL ASSUMPTIONS (cont'd)

projection year through 2051, in accordance with Section III(A)(2) of PBGC's Special Financial Assistance Assumption guidance (PBGC SFA-02).

<i>Marriage</i>	80% of participants are assumed to be married. Husbands are assumed to be three years older than wives.
<i>Form of Payment</i>	Participants are assumed to elect the normal form; i.e., married members will elect the 50% Joint-and-Survivor annuity with pop-up provision upon retirement, and unmarried members will retire with a Life Annuity payment form.
<i>New Entrants Profile</i>	Terminating members will not be replaced by the new hires, except for the Fund Office employees. The Fund Office employees will be fully replaced by new hires, all females age 50.
<i>Contribution Base Units (CBUs)</i>	All employees are assumed to work 2,080 hours per year.
<i>Contribution Rates</i>	Contribution rates are assumed to remain the same throughout the life of the plan.
<i>Collectability of Withdrawal Liability Payments</i>	<p>It is assumed Neill Supply will continue making its quarterly installments of \$5,540 for its withdrawal liability through the end of the 20-year payment period, July 2031.</p> <p>There is a 50% probability that Serviceforce, APA and New Penn will pay, in quarterly installments, their share of withdrawal liability.</p>

Changes in Actuarial Assumptions from the March 1, 2020 Actuarial Certification

The following assumptions were changed from the March 1, 2020 actuarial certification:

1. Interest Rate

The interest rate was changed from 7.50% to 5.38% to reflect the limit specified in section 4262(e)(3) of ERISA.

2. Mortality

Mortality was changed to follow the Pri-2012(BC) mortality table with fully generational projection using scale MP-2019 from the RP-2000 mortality table set forward three years and projected with scale AA on a fully generational basis for healthy participants and RP-2000 disabled mortality table for disabled members.

The Pri-2012(BC) mortality table is the most recent table published by the Society of Actuaries and in conjunction with the MP-2019 projection scale is expected to better reflect anticipated Fund experience.

EXHIBIT E – 04 ACTUARIAL ASSUMPTIONS (cont'd)

3. New Entrants Profile

Fund Office employees will be replaced by new hires that are female and age 50; all other active participants will not be replaced by new hires. The Fund Office will continue to operate and serve the Plan, and therefore terminating Fund Office employees will be replaced.

This assumption was not previously factored into certification projections as the plan was projected to become insolvent in the plan year beginning March 1, 2020, and cashflow projections beyond the expected insolvency date were not utilized.

4. Administrative Expenses

The assumption for administrative expenses was changed to \$651,909 per annum, payable in equal monthly installments, beginning with the plan year ending February 28, 2023, and increasing each year by 2.25%. An additional increase in the plan year beginning March 1, 2031, of \$13 per participant is assumed to reflect the PBGC premium increase to \$52 per participant for the 2031 plan year. Projected administrative expenses are capped at 15% of the expected benefit payments for each projection year through 2051, in accordance with Section III(A)(2) of PBGC's Special Financial Assistance Assumption guidance (PBGC SFA-02).

This assumption was not previously factored into certification projections as the plan was projected to become insolvent in the plan year beginning March 1, 2020, and cashflow projections beyond the expected insolvency date were not done. In actuarial valuations prior to March 1, 2020, administrative expenses were taken into account by increasing the actuarial accrued liability and normal cost by 1.50%, which is akin to annual administrative expenses of 1.50% of expected benefit payments, or roughly \$200,000, which no longer seems reasonable.

The base assumption for administrative expenses of \$651,909 was developed by the Plan Auditor with regard to the 2022-23 Plan year and is itemized below. Salaries reflect a full-time Plan Administrator and an experienced assistant administrator servicing the Plan each year in the future. Employee Benefits consists of pension contributions of \$64,688 (2 x 2,080 x \$15.55 per hour) as included in the "Contribution" section of the cashflow projections and health benefits providing family coverage for each employee of \$2,200 per month. The \$15.55 per hour pension contribution is called for in the participation agreement, which requires contributions equal to that of the highest collectively bargained rate in the Plan. In order to retain the Fund Office employees, health benefits commensurate with those they would receive working elsewhere in similar positions must be provided. A sister Local in the same vicinity as Local 617 provides this family coverage at about \$2,200 per month to their members, so that figure is used here. This sister Local actually offered to extend this coverage to Local 617 Fund Office employees last year. The other items below either were developed through discussions with plan professionals or were averaged from previous years and rolled forward with the 2.25% inflation assumption. The base assumption was discounted back at the 2.25% increase rate and prorated for the 8 months in the July 1, 2021, through February 28, 2022, stub year.

EXHIBIT E – 04 ACTUARIAL ASSUMPTIONS (cont'd)

	Projection
Salaries	\$192,000
Employee Benefits	117,600
Insurance	49,200
Trustees Fees	50,000
Actuarial Fees	50,400
Legal Fees	34,800
Payroll Taxes	17,280
Accounting Fees	27,600
Office Expense	20,400
Pension Processing Fees	16,800
PBGC premium	26,629
Meetings and Seminars	18,000
Miscellaneous	15,600
Computer Fees	13,200
Depreciation	2,400
Total	<u>\$651,909</u>

5. Contribution Base Units (CBU)

All employees are assumed to work 2,080 hours per year. This assumption was not previously factored into certification projections as the plan was projected to become insolvent in the plan year beginning March 1, 2020, and cashflow projections beyond the expected insolvency date were not utilized.

6. Contribution Rates

Fund Office employees are contributing under a participation agreement. Their current contribution rate is \$15.55 per hour. It is assumed that the same rate remains throughout the SFA coverage period.

The current contribution rate for Serviceforce employees is \$3.683 per hour. It is assumed to remain the same until the last employee terminates/retires.

This assumption was not previously factored into certification projections as the plan was projected to become insolvent in the plan year beginning March 1, 2020, and cashflow projections beyond the expected insolvency date were not utilized.

7. Withdrawal Liability

Withdrawal liability quarterly payment assessments currently being collected at the measurement date are expected to be paid in full. There is a 50% likelihood that future withdrawal liability quarterly payment assessments will be paid.

EXHIBIT E – 04 ACTUARIAL ASSUMPTIONS (cont'd)

This assumption was not previously factored into certification projections as the plan was projected to become insolvent in the plan year beginning March 1, 2020, and cashflow projections beyond the expected insolvency date were not utilized.

EXHIBIT E – 04 OTHER INFORMATION

The census data used in determining the SFA amount is as of March 1, 2020, and was provided by the Fund Office for purpose of the actuarial valuation as of that date.

The data used to determine the amounts previously suspended under §4245(a) is as of June 30, 2021, and was provided by the Fund Office.

In determining the present values used in determining of the SFA amount, the following methodology was utilized:

Contributions (other than withdrawal liability) are deposited in equal monthly installments throughout the plan year and paid at the end of the month.

Withdrawal liability payments are deposited quarterly during the plan year in the months of April, July, October and January, and are paid at the beginning of the month.

Benefit payments are paid in equal monthly installments throughout the plan year and are paid at the beginning of the month.

Administrative expenses are paid in equal monthly installments throughout the plan year and are paid at the end of the month.

Application Checklist


v20210708p

Instructions for Section E, Item 1 of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance (SFA):

The Application for Approval of Special Financial Assistance Checklist ("Application Checklist" or "Checklist") identifies all information required to be filed with the application.

The information in this Application Checklist, and the Application Checklist itself, are uploaded in PBGC's e-Filing Portal by logging into the e-Filing Portal, going to the Multiemployer Events section and clicking on "Create New ME Filing," and then under "Select a Filing Type," selecting "Application for Financial Assistance – Special.” Note, if you go to the e-Filing Portal and do not see the option "Application for Financial Assistance – Special," this means that the portal is currently closed and PBGC is not accepting applications at this time, unless the plan is eligible to make an emergency filing under § 4262.10(f). PBGC’s website at www.pbgc.gov will be updated when the e-Filing Portal reopens for applications. PBGC maintains information on its website at www.pbgc.gov to inform prospective applicants about the current status of the e-Filing portal, as well as to provide advance notice of when PBGC expects to open or temporarily close the e-Filing Portal.

General instructions for completing the Application Checklist:

Complete all items that are shaded: 

If required information was already filed: (1) through PBGC's e-Filing Portal; or (2) through any means for an insolvent plan, a plan that has received a partition, or a plan that submitted an emergency filing, the filer may either upload the information with the application or include a statement in the Plan Comments section of the Application Checklist indicating the date on which and the submission with which the information was previously filed. For any such items previously provided, enter N/A as the **Plan Response**.

If a revised application is filed after a denial was received but the application was not withdrawn, the revised application must differ from the denied application only to the extent necessary to address the reasons provided by PBGC for the denial. For the revised application, the filer may, but is not required to, submit an entire application. A revised application for SFA must use the same SFA measurement date, participant census data, and interest rate assumption as were used in the plan's initial application. For all Application Checklist Items that were previously filed that are not being changed, the filer may include a statement in the Plan Comments section of the Application Checklist to indicate that the other information was previously provided as part of the initial application. For each, enter N/A as the **Plan Response**.

If a revised application is filed after an application was withdrawn, the revised application must use the same SFA measurement date, participant census data, and interest rate assumption from the initial application. Upload only the information that changed from the initial application. For all Application Checklist Items that were previously filed that are not being changed, include a statement in the Plan Comments section of the Application Checklist to indicate that the information was previously provided as part of the initial application. For each, enter N/A as the **Plan Response**.

Instructions for specific columns:

Plan Response: Provide a response to each item on the Application Checklist, using only the **Response Options** shown for each Checklist Item.

Application Checklist

v20210708p

Instructions for Section E, Item 1 of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance (SFA):

Name(s) of Files Uploaded: Identify the full name of the file or files uploaded that are responsive to the Checklist Item. The column **Upload as Document Type** provides guidance on the "document type" to select when submitting documents on PBGC's e-Filing Portal.

Page Number Reference(s): For any Checklist Item where only a portion of the submitted document is responsive, identify the page numbers in the identified document that are responsive.

Plan Comments: Use this column to provide explanations for any **Plan Response** that is N/A, to respond as may be specifically identified for Checklist Items, and to provide any optional explanatory comments.

Supplemental guidance is provided in the following columns:

Upload as Document Type: When uploading documents in PBGC's e-Filing Portal, select the appropriate Document Type for each document that is uploaded. This column provides guidance on the Document Type to select for each Checklist Item. You may upload more than one document using the same Document Type, and there may be Document Types on the e-Filing Portal for which you have no documents to upload.

Requested File Naming (if applicable): For certain Checklist Items, a specified format for naming the file is requested.

SFA Regulation Reference: Identifies the applicable section of PBGC's regulation.

SFA Instructions Reference: Identifies the applicable section and item number in PBGC's Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance.

You must select N/A if a Checklist Item # is not applicable to your application. **Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47 on the Application Checklist.** If there has been a plan merger as described in § 4262.4(f)(1)(ii), you also must provide responses for Checklist Items #48 through #60 on the Application Checklist. If you are required to provide responses for Checklist Items #48 through 60, your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #48 through #60 on the Application Checklist. All other plans should not provide responses for Items #48 through #60 of the Application Checklist.

If a Checklist Item # asks multiple questions or requests multiple items, the Plan Response should only be Yes if the plan is providing all information requested for that Checklist Item.

Note, a Yes or No response is required for the three initial questions concerning whether or not this application is a submission of a revised application, or whether the plan has been terminated.

Application Checklist

v20210708p

Instructions for Section E, Item 1 of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance (SFA):

Note, in the case of a plan applying for priority consideration, the plan's application must also be submitted to the Treasury Department. If that requirement applies to an application, PBGC will transmit the application to the Treasury Department on behalf of the plan. See IRS Notice [NOTICE] for further information.

All information and documentation, unless covered by the Privacy Act, that is included in an SFA application may be posted on PBGC's website at www.pbgc.gov or otherwise publicly disclosed, without additional notification. Except to the extent required by the Privacy Act, PBGC provides no assurance of confidentiality in any information included in an SFA application.

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Teamsters Local 617 Pension Fund
EIN:	23-7356773
PN:	1
SFA Amount Requested:	\$152,350,197.00
Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.	

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

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

Checklist Item #	Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
Plan Information, Checklist, and Certifications									
	Is this application a revised application submitted after the denial of a previously filed application for SFA?	Yes No	No						
	Is this application a revised application submitted after a plan has withdrawn its application for SFA?	Yes No	Yes						
	Has this plan been terminated?	Yes No	No		If terminated, provide date of plan termination.				
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	Checklist Teamsters Local 617 Pension Fund.xlsx			Special Financial Assistance Checklist	Checklist Pension Plan Name, where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.6(a) Section E, Item 1
2.	Does the application include an SFA request cover letter (optional)? Enter N/A if no letter is provided.	Yes N/A	Yes	Section D Teamsters Local 617 Pension Fund.pdf	1-3	previously provided	Financial Assistance Request Letter		Section D, Item 1
3.	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?	Yes No	Yes	Section D Teamsters Local 617 Pension Fund.pdf	3	previously provided	Financial Assistance Application	§ 4262.6(b)(1)	Section D
4.	Does the application include the required penalties of perjury statement signed by an authorized trustee who is a current member of the board of trustees?	Yes No	Yes	Penalties of Perjury Stmt E - 07 Teamsters Local 617 PF.pdf		previously provided	Financial Assistance Application	§ 4262.6(b)(2)	Section E, Item 6
5.	Does the application include the name, address, email, and telephone number of the plan sponsor? Does it also include the same contact information for the plan sponsor's duly authorized representatives, including legal counsel and enrolled actuary?	Yes No	Yes	Section D Teamsters Local 617 Pension Fund.pdf	1,2	previously provided	Financial Assistance Application	§ 4262.7(a)	Section D, Item 2
6.	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 instructions?	Yes No	Yes	Section D Teamsters Local 617 Pension Fund.pdf	2	previously provided	Financial Assistance Application	§ 4262.3 § 4262.7(b)	Section D, Item 3
7a.	If the plan claims SFA eligibility under section 4262(b)(1)(C) of ERISA, does the application include a certification from the plan's enrolled actuary that the plan is eligible for SFA which specifically notes the specified year for each component of eligibility (certification of plan status, modified funding percentage, and participant ratio), the detailed derivation of the modified funding percentage, and the derivation of the participant ratio?	Yes No N/A	N/A				Financial Assistance Application	§ 4262.6(c) § 4262.7(b)	Section E, Item 2
7b.	Does the certification in Checklist Item #7a also identify all assumptions and methods (including supporting rationale and, where applicable, reliance on the plan sponsor) used to develop the current value of withdrawal liability that is utilized in the calculation of the modified funded percentage?	Yes No N/A	N/A				Financial Assistance Application	§ 4262.6(c) § 4262.7(b)	Section E, Item 2
8a.	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))?	Yes No N/A	Yes	Section D Teamsters Local 617 Pension Fund.pdf	2	Priority Group 1, as described in Section 4262.10(d)(2)(i). Previously provided	Financial Assistance Application	§ 4262.7(c) § 4262.10(d)(2)	Section D, Item 4

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Teamsters Local 617 Pension Fund
EIN:	23-7356773
PN:	1
SFA Amount Requested:	\$152,350,197.00
Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.	

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

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

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
8b.	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?	Yes No N/A	N/A			Briefly identify the emergency criteria.	Financial Assistance Application		§ 4262.10(f)	Section D, Item 4
9.	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 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 www.pbgc.gov as being in priority group 6. See § 4262.10(d).	Yes No N/A	N/A			The plan is currently insolvent.	Financial Assistance Application		§ 4262.6(c) § 4262.7(c) § 4262.10(d)(2)	Section E, Item 3
10.	Does the application include the information used to determine the amount of requested SFA for the plan based on a deterministic projection and using the actuarial assumptions as described in § 4262.4? Does the application include the following? a. Interest rate used, including supporting details (such as, if applicable, the month selected by plan sponsor to determine the third segment rate used to calculate the interest rate limit) on how it was determined? b. Fair market value of assets on the SFA measurement date? c. For each plan year in the SFA coverage period: i. Separately identify the projected amount of contributions, projected withdrawal liability payments, and other payments expected to be made to the plan (excluding the amount of financial assistance under section 4261 of ERISA and the SFA to be received by the plan)? ii. Separately identify benefit payments described in § 4262.4(b)(1) (excluding the payments in (iii) below), for current retirees and beneficiaries, terminated vested participants not currently receiving benefits, currently active participants, and new entrants? iii. Separately identify benefit payments described in § 4262.4(b)(1) attributable to the reinstatement of benefits under § 4262.15 that were previously suspended through the SFA measurement date? iv. Separately identify administrative expenses expected to be paid using plan assets, excluding the amount owed PBGC under section 4261 of ERISA? d. For each plan year in the SFA coverage period, the projected investment income based on the interest rate in (a) above, and the projected fair market value of assets at the end of each plan year? e. The present value (using the interest rate identified in (a) above) as of the SFA measurement date of each of the separate items provided in (c)(i)-(iv) above? f. SFA amount determined as a lump sum as of the SFA measurement date?	Yes No	Yes	Template 4 Teamsters Local 617 Pension Fund.xlsx		Revised file	Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 4 Pension Plan Name where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.4 § 4262.8(a)(4)	Section C, Item 4
			Yes	Template 4 Teamsters Local 617 Pension Fund.xlsx		Revised file				
11.	Does the application include the plan's enrolled actuary's certification 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, including identification of all assumptions and methods used, sources of participant data and census data, and other relevant information? This certification should be calculated reflecting any events and any mergers identified in § 4262.4(f).	Yes No	Yes	Section E Item 04 Teamsters Local 617 Pension Fund.pdf	1	Revised file	Financial Assistance Application		§ 4262.4 § 4262.6(c) § 4262.8(a)(4)	Section E, Item 4
12.	Does the application include a detailed narrative description of the development of the assumed future contributions and assumed future withdrawal liability payments used to calculate the requested SFA amount?	Yes No	Yes	Section D Teamsters Local 617 Pension Fund.pdf	4-8	previously provided	Financial Assistance Application		§ 4262.8(a)(6)	Section D, Item 5

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Teamsters Local 617 Pension Fund
EIN:	23-7356773
PN:	1
SFA Amount Requested:	\$152,350,197.00
Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.	

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

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

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
13.	For plans eligible for SFA under § 4262.3(a)(1) or § 4262.3(a)(3), does the application identify which assumptions (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 changes, does the application include detailed explanations and supporting rationale and information as to why using the identified assumptions is no longer reasonable and why the changed assumptions 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			The plan is eligible for SFA assistance under 4262.3(a)(4).	Financial Assistance Application		§ 4262.5 § 4262.8(b)(1)	Section D, Item 6.a.
14a.	Does the application identify which assumptions (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 (except for the interest rate, which is determined as required by § 4262.4(3)(1))? If there are any assumption changes, does the application include detailed explanations and supporting rationale and information as to why using the identified original assumptions is no longer reasonable and why the changed assumptions 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 guidance on Special Financial Assistance Assumptions?	Yes No	Yes	Section E Item 04 Teamsters Local 617 Pension Fund.pdf	3-5	Revised file	Financial Assistance Application		§ 4262.5 § 4262.8(b)(1)	Section D, Item 6.b.
14b.	If a plan-specific mortality table is used for Checklist Item #14a, 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?	Yes No N/A	N/A			Mortality follows Pri-2012 amount-weighted Blue Collar table with projected improvements based on MP-2019 scale.	Financial Assistance Application		§ 4262.5 § 4262.8(b)(1)	Section D, Item 6.b.
15a.	Does the application include a certification from the plan sponsor with respect to the accuracy of the amount of the fair market value of assets as of the SFA measurement date? Does the certification reference and include information that substantiates the asset value and any projection of the assets to the SFA measurement date?	Yes No	Yes	Section E item 05 Trustee Certification Teamsters Local 617 Pension Fund.pdf		previously provided	Financial Assistance Application		§ 4262.8(a)(4)(ii)	Section E, Item 5
15b.	Does the certification in Checklist Item #15a reference and include information that substantiates the asset value and any projection of the assets to the SFA measurement date?	Yes No	Yes	Section E item 05 Trustee Certification Teamsters Local 617 Pension Fund.pdf		previously provided	Financial Assistance Application		§ 4262.8(a)(4)(ii)	Section E, Item 5
16a.	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	Yes	Section D Teamsters Local 617 Pension Fund.pdf	2	previously provided	Financial Assistance Application		§ 4262.7(d) § 4262.15	Section D, Item 7 Section C, Item 4(c)(iii)
16b.	If Yes was entered for Checklist Item #16a, 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 #16a.	Yes No N/A	Yes			The plan will pay a lump sum payment to each affected member, beneficiary or alterante payee within three months after receiving an SFA.	Financial Assistance Application		§ 4262.7(d) § 4262.15	Section D, Item 7 Section C, Item 4(c)(iii)

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Teamsters Local 617 Pension Fund
EIN:	23-7356773
PN:	1
SFA Amount Requested:	\$152,350,197.00
Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.	

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

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

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
16c.	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 #16a and #16b.	Yes No N/A	N/A				Financial Assistance Application		§ 4262.7(d) § 4262.15	Section D, Item 7 Section C, Item 4(c)(iii)
17.	If the SFA measurement date is later than the end of the plan year for the most recent plan financial statements, does the application include a reconciliation of the fair market value of assets from the date of the most recent plan financial statements to the SFA measurement date, showing beginning and ending fair market value of assets, contributions, withdrawal liability payments, benefits paid, administrative expenses, and investment income? Enter N/A if the SFA measurement date is not later than the end of the plan year for the most recent plan financial statements.	Yes No N/A	Yes	Section D Teamsters Local 617 Pension Fund.pdf	9-15	previously provided	Financial Assistance Application		§ 4262.8(a)(4)(ii)	Section D, Item 8
18.	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	Plan Document with Amendments Local617PF.pdf		previously provided	Pension plan documents, all versions available, and all amendments signed and dated		§ 4262.7(e)(1)	Section B, Item 1(a)
19.	Does the application include a copy of the executed plan amendment required by section 4262.6(e)(1) of PBGC's special financial assistance regulation?	Yes No	Yes	Amendment 3 required by 4262.6(e)(1) Local 617 PF.pdf		previously provided	Pension plan documents, all versions available, and all amendments signed and dated		§ 4262.7(e)(1) § 4262.6(e)(1)	Section B, Item 1(c)
20.	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	Trust Agreement Local617PF.pdf ; Trust Agreement Amendment 070100 L617PF.pdf		previously provided	Pension plan documents, all versions available, and all amendments signed and dated		§ 4262.7(e)(3)	Section B, Item 1(b)
21.	In the case of a plan that suspended benefits under section 305(e)(9) or section 4245 of ERISA, does the application include a copy of the proposed plan amendment required by § 4262.6(e)(2) and a certification from the plan sponsor that it will be timely executed? Enter N/A if there was no suspension of benefits.	Yes No N/A	Yes	Amendment 4 proposed req. by 4262.6(e)(2) Local 617 PF.pdf ; Certification E - 06 Teamsters Local 617 Pension Fund.pdf		previously provided	Pension plan documents, all versions available, and all amendments signed and dated		§ 4262.7(e)(2) § 4262.6(e)(2)	Section B, Item 1(d)
22.	In the case of a plan that was partitioned under section 4233 of ERISA, does the application include a statement that the plan was partitioned under section 4233 of ERISA and a copy of the amendment required by § 4262.9(c)(2)? Enter N/A if the plan was not partitioned.	Yes No N/A	N/A				Pension plan documents, all versions available, and all amendments signed and dated		§ 4262.7(e)(1) § 4262.9(b)(2)	Section B, Item 1(e)
23.	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	IRS Determination Letter Local617PF.pdf		previously provided	Pension plan documents, all versions available, and all amendments signed and dated		§ 4262.7(e)(3)	Section B, Item 1(f)
24.	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	Yes	2018AVR Teamsters Local 617 Pension Fund.pdf ; 2019AVR Teamsters Local 617 Pension Fund.pdf ; 2020AVR Teamsters Local 617 Pension Fund.pdf		previously provided	Most recent actuarial valuation for the plan	YYYYAVR Pension Plan Name , where "YYYY" is plan year and "Pension Plan Name" is abbreviated version of the plan name	§ 4262.7(e)(5)	Section B, Item 2
25a.	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 N/A	Yes	RehabPlan Local617PF.pdf		previously provided	Rehabilitation plan (or funding improvement plan, if applicable)		§ 4262.7(e)(6)	Section B, Item 3
25b.	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 a supplemental document with these details?	Yes No N/A	Yes	Section B Item 03 RP Supp Info Teamsters Local 617 PF.pdf		previously provided	Rehabilitation plan (or funding improvement plan, if applicable)		§ 4262.7(e)(6)	Section B, Item 3

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Teamsters Local 617 Pension Fund
EIN:	23-7356773
PN:	1
SFA Amount Requested:	\$152,350,197.00
Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.	

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

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

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
26.	Does the application include the plan's most recent Form 5500 (Annual Return/Report of Employee Benefit Plan) and all schedules and attachments (including the audited financial statement)?	Yes No	Yes	2019Form5500 Teamsters Local 617 Pension Fund.pdf		previously provided	Latest annual return/report of employee benefit plan (Form 5500)	YYYYForm5500 Pension Plan Name , where "YYYY" is the plan year and "Pension Plan Name" is abbreviated version of the plan name.	§ 4262.7(e)(7)	Section B, Item 4
27a.	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 application filing date? Enter N/A if the plan does not have to provide certifications for any requested plan year.	Yes No N/A	Yes	2018Zone20180529 Teamsters Local 617 Pension Fund.pdf ; 2019Zone20190529 Teamsters Local 617 Pension Fund.pdf ; 2020Zone20200529 Teamsters Local 617 Pension Fund.pdf ; 2021Zone20210529 Teamsters Local 617 Pension Fund.pdf ; 2018Zone SuppInfo Teamsters Local 617 Pension Fund.pdf ; 2019Zone SuppInfo Teamsters Local 617 Pension Fund.pdf ;		previously provided	Zone certification	YYYYZoneYYYYMMDD Pension Plan Name, where the first "YYYY" is the applicable plan year, and "YYYYMMDD" is the date the certification was prepared. "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.7(e)(8)	Section B, Item 5
27b.	Does the application include documentation for all certifications that clearly identifies all assumptions used including the interest rate used for funding standard account purposes? Enter N/A if the plan entered N/A for Checklist Item #27a.	Yes No N/A	Yes	2018Zone20180529 Teamsters Local 617 Pension Fund.pdf ; 2019Zone20190529 Teamsters Local 617 Pension Fund.pdf ; 2020ZoneSuppInfo Teamsters Local 617 Pension Fund.pdf ;		previously provided	Zone certification		§ 4262.7(e)(8)	Section B, Item 5
27c.	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? Enter N/A if the plan entered N/A for Checklist Item #27a or if the application does not include a certification of critical and declining status.	Yes No N/A	Yes	2018Zone SuppInfo Teamsters Local 617 Pension Fund.pdf ; 2019Zone SuppInfo Teamsters Local 617 Pension Fund.pdf ; 2020Zone SuppInfo Teamsters Local 617 Pension Fund.pdf ; 2021Zone SuppInfo Teamsters Local 617 Pension Fund.pdf		previously provided	Zone certification		§ 4262.7(e)(8)	Section B, Item 5
28.	Does the application include the most recent account statements for all 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	BankStmt BOA June2021 Teamsters Local 617 Pension Fund.pdf ; BankStmt BOA Realty 5978 June2021 Teamsters Local 617 PE.pdf ; BankStmt BOA Realty 5986		previously provided	Bank/Asset statements for all cash and investment accounts		§ 4262.7(e)(9)	Section B, Item 6
29.	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	Financial Statements PYE20200228 L617PF.pdf ; FinancialStatement 20210228.pdf ; FinancialStatement 20210630.pdf		previously provided	Plan's most recent financial statement (audited, or unaudited if audited not available)		§ 4262.7(e)(10)	Section B, Item 7
30.	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?	Yes No N/A	Yes	Trust Agreement Amendment 070100 L617PF.pdf	20	previously provided	Pension plan documents, all versions available, and all amendments signed and dated		§ 4262.7(e)(12)	Section B, Item 8
31.	Does the application include information required to enable the plan to receive electronic transfer of funds, if the SFA application is approved? See SFA Instructions, Section B, Item 9.	Yes No N/A	Yes	ACH Vendor form Local617PH.pdf		previously provided	Other		§ 4262.7(e)(11)	Section B, Item 9
32.	Does the application include the plan's projection of expected benefit payments as reported 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 before the application submission date? 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.	Yes No N/A	Yes	Template 1 Teamsters Local 617 Pension Fund.xlsx		previously provided	Financial assistance spreadsheet (template)	Template 1 Pension Plan Name , where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(a)(1)	Section C, Item 1

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Teamsters Local 617 Pension Fund
EIN:	23-7356773
PN:	1
SFA Amount Requested:	\$152,350,197.00
Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.	

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

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

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
33.	If the plan was required to enter 10,000 or more participants on line 6f of the most recently filed Form 5500, 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 (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.	Yes No N/A	N/A			The plan has less than 10,000 participants.	Contributing employers	Template 2 Pension Plan Name , where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(a)(2)	Section C, Item 2
34.	Does the application include for each of the most recent 10 plan years immediately preceding the application filing date, the history of 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? Does the history separately show for each of the most recent 10 plan years immediately preceding the application filing date 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.	Yes No	Yes	Template 3 Teamsters Local 617 Pension Fund.xlsx		previously provided	Historical Plan Financial Information (CBUs, contribution rates, contribution amounts, withdrawal liability payments)	Template 3 Pension Plan Name , where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(a)(3)	Section C, Item 3
35.	Does the application include a separate deterministic projection ("Baseline") in the same format as Checklist Item #10 that shows the amount of SFA that would be determined if the assumptions 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 interest rate which should be the same as used for determining the SFA amount and excluding the CBU assumption and administrative expenses assumption which should reflect the changed assumptions consistent with Paragraph A "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's guidance on Special Financial Assistance Assumptions)? Enter N/A if this item is not required because all assumptions used (except the interest rate, CBU assumption and administrative expenses assumption) to determine the requested SFA amount are identical to those used in the pre-2021 certification of plan status and if the changed assumptions for CBUs and administrative expenses are consistent with Paragraph A "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's guidance on Special Financial Assistance Assumptions. https://www.pbtc.gov/sites/default/files/sfa/SFA-Assumptions-Guidance.pdf See Template 5.	Yes No N/A	Yes	Template 5 Teamsters Local 617 Pension Fund.xlsx		previously provided	Financial assistance spreadsheet (template)	Template 5 Pension Plan Name , where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(b)(2)	Section C, Item 5
36.	Does the application include a reconciliation of the change in the total amount of requested SFA due to each change in assumption from the Baseline to the requested SFA amount? Does the application include a deterministic projection and other information for each assumption change, in the same format as for Checklist Item #10? Enter N/A if this item is not required because all assumptions used (except the interest rate, CBU assumption and administrative expenses assumption) to determine the requested SFA amount are identical to those used in the pre-2021 certification of plan status and if the changed assumptions for CBUs and administrative expenses are consistent with Paragraph A "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's guidance on Special Financial Assistance Assumptions, or if the requested SFA amount in Checklist Item #10 is the same as the amount shown in the Baseline details of Checklist Item #32. See Template 6.	Yes No N/A	Yes	Template 6 Teamsters Local 617 Pension Fund.xlsx		Revised file	Financial assistance spreadsheet (template)	Template 6 Pension Plan Name , where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(b)(3)	Section C, Item 6

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Teamsters Local 617 Pension Fund
EIN:	23-7356773
PN:	1
SFA Amount Requested:	\$152,350,197.00
Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.	

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

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

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
37a.	For plans eligible for SFA under § 4262.3(a)(1) or § 4262.3(a)(3), does the application include a table identifying which assumptions used in determining the plan's eligibility for SFA differ from those used in the pre-2021 certification of plan status? 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.	Yes No N/A	N/A			The plan is eligible for SFA assistance under 4262.3(a)(4).	Financial assistance spreadsheet (template)	Template 7 Pension Plan Name, where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(b)(1)	Section C, Item 7(a)
37b.	Does Checklist Item #37a include brief explanations as to why using those assumptions is no longer reasonable and why the changed assumptions are reasonable? This should be an abbreviated version of information provided in Checklist Item #13. Enter N/A if the plan entered N/A for Checklist Item #37a. See Template 7.	Yes No N/A	N/A			The plan is eligible for SFA assistance under 4262.3(a)(4).	Financial assistance spreadsheet (template)	Template 7 Pension Plan Name, where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(b)(1)	Section C, Item 7(a)
38.	Does the application include a table identifying which assumptions differ from those used in the pre-2021 certification of plan status (except the interest rate used to determine SFA)? Does this item include brief explanations as to why using those original assumptions is no longer reasonable and why the changed assumptions 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 guidance on Special Financial Assistance Assumptions? This should be an abbreviated version of information provided in Checklist Items #14a-b. See Template 7.	Yes No N/A	Yes	Template 7 Teamsters Local 617 Pension Fund.xlsx		Revised file	Financial assistance spreadsheet (template)	Template 7 Pension Plan Name, where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(b)(1)	Section C, Item 7(b)
39a.	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 Teamsters Local 617 Pension Fund.xlsx		previously provided	Financial assistance spreadsheet (template)	Template 8 Pension Plan Name, where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(a)(5)	Section C, Item 8
39b.	Does the application separately show the amounts of projected withdrawal liability payments for employers that are currently withdrawn at the application filing date, 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	Template 8 Teamsters Local 617 Pension Fund.xlsx		previously provided	Financial assistance spreadsheet (template)	Template 8 Pension Plan Name, where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(a)(5)	Section C, Item 8
39c.	Does the application also provide the projected number of active participants at the beginning of each plan year? See Template 8.	Yes No	Yes	Template 8 Teamsters Local 617 Pension Fund.xlsx		previously provided	Financial assistance spreadsheet (template)	Template 8 Pension Plan Name, where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(a)(5)	Section C, Item 8
Supplemental 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)										
40a.	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? Enter N/A if the plan has not experienced an event or merger.	Yes No N/A	N/A			The plan has not experienced an event or merger.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section D
40b.	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? Enter N/A if the plan has not experienced a transfer or merger event.	Yes No N/A	N/A			The plan has not experienced transfer or merger.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section D

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Teamsters Local 617 Pension Fund
EIN:	23-7356773
PN:	1
SFA Amount Requested:	\$152,350,197.00
Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.	

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

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

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
41a.	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 provided in Checklist Item #1 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? Enter N/A if the plan has not experienced any event.	Yes No N/A	N/A			The plan has not experienced any event.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section D
41b.	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 plan entered N/A for Checklist Item #41a. Enter N/A if the event described in Checklist Item #41a was not a merger.	Yes No N/A	N/A			The plan has not experienced any event.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section D
42a.	Does the application include a supplemental version of Checklist Item #6 that shows the determination of SFA eligibility as if any events had not occurred? Enter N/A if the plan has not experienced any event.	Yes No N/A	N/A			The plan has not experienced any event.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section D
42b.	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 plan entered N/A for Checklist Item #42a. Enter N/A if the event described in Checklist Item #42a was not a merger.	Yes No N/A	N/A			The plan has not experienced any event.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section D
43a.	Does the application include a supplemental certification from the plan's enrolled actuary with respect to the plan's SFA eligibility (see Checklist Item #7), but with eligibility determined as if any events had not occurred? Enter N/A if the plan has not experienced any event.	Yes No N/A	N/A			The plan has not experienced any event.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section E
43b.	For any merger, does the application include supplemental 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)? Enter N/A if the plan entered N/A for Checklist Item #43a. Also enter N/A if the event described in Checklist Item #43a was not a merger.	Yes No N/A	N/A			The plan has not experienced any event.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section E
44a.	Does the application include a supplemental version of Checklist Item #10 that shows the determination of the SFA amount as if any events had not occurred? See Template 4. Enter N/A if the plan has not experienced any events.	Yes No N/A	N/A			The plan has not experienced any event.	Projections for special financial assistance (estimated income, benefit payments and expenses)	For supplemental submission due to any event: <i>Template 4 Pension Plan Name Supp</i> where "Pension Plan Name" is an abbreviated version of the plan name. For a supplemental submission due to a merger, <i>Template 4 Pension Plan Name Merged</i> , where "Pension Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section C

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Teamsters Local 617 Pension Fund
EIN:	23-7356773
PN:	1
SFA Amount Requested:	\$152,350,197.00
Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.	

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

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

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
44b.	For any merger, does the application show the SFA determination for this plan and for each plan merged into this plan (each of these determined as if they were still separate plans)? See Template 4. Enter N/A if the plan entered N/A for Checklist Item #44a. Also enter N/A if the event described in Checklist Item #44a was not a merger.	Yes No N/A	N/A			The plan has not experienced any event.	Projections for special financial assistance (estimated income, benefit payments and expenses)	For a supplemental submission due to a merger, <i>Template 4 Pension Plan Name Merged</i> , where "Pension Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section C
45a.	Does the application include a supplemental certification from the plan's enrolled actuary with respect to the plan's SFA amount (see Checklist Item #11), but with the SFA amount determined as if any events had not occurred? Enter N/A if the plan has not experienced any events.	Yes No N/A	N/A			The plan has not experienced any event.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section E
45b.	Does this certification clearly identify all assumptions and methods used, sources of participant data and census data, and other relevant information? Enter N/A if the plan entered N/A for Checklist Item #45a.	Yes No N/A	N/A			The plan has not experienced any event.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section E
45c.	For any merger, does the application include supplemental 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 plan entered N/A for Checklist Item #45a. Also enter N/A if the event described in Checklist Item #45a was not a merger.	Yes No N/A	N/A			The plan has not experienced any event.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section E
45d.	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 plan entered N/A for Checklist Item #45a. Enter N/A if the event described in Checklist Item #45a was not a merger.	Yes No N/A	N/A			The plan has not experienced any event.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section E
46a.	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			The plan has not experienced any event.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section D
46b.	Does this demonstration 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 #46a.	Yes No N/A	N/A			The plan has not experienced any event.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section D

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Teamsters Local 617 Pension Fund
EIN:	23-7356773
PN:	1
SFA Amount Requested:	\$152,350,197.00
Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.	

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

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

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
47a.	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			The plan has not experienced any event.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section E
47b.	Does this demonstration 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			The plan has not experienced any event.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section E

Supplemental 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)(ii) must complete Checklist Items #48 through #60. If you are required to complete Checklist Items #48 through #60, your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #48 through #60. All other plans should not provide any responses for Checklist Items #48 through #60.

48.	In addition to the information provided with Checklist Item #18, 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	Use same naming convention as for Checklist Item #18 but with abbreviated plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
49.	In addition to the information provided with Checklist Item #20, 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	Use same naming convention as for Checklist Item #20 but with abbreviated plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
50.	In addition to the information provided with Checklist Item #23, 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					Pension plan documents, all versions available, and all amendments signed and dated	Use same naming convention as for Checklist Item #23 but with abbreviated plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
51.	In addition to the information provided with Checklist Item #24, 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 Pension Plan Name Merged, where "YYYY" is plan year and "Pension Plan Name Merged" is abbreviated version of the plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
52.	In addition to the information provided with Checklist Item #25, 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)	Use same naming convention as for Checklist Item #25 but with abbreviated plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Teamsters Local 617 Pension Fund
EIN:	23-7356773
PN:	1
SFA Amount Requested:	\$152,350,197.00
Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.	

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

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

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
53.	In addition to the information provided with Checklist Item #26, 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 Pension Plan Name Merged, where "YYYY" is the plan year and "Pension Plan Name Merged" is abbreviated version of the plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
54.	In addition to the information provided with Checklist Item #27, 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 Pension Plan Name Merged, where the first "YYYY" is the applicable plan year, and "YYYYMMDD" is the date the certification was prepared. "Pension Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
55.	In addition to the information provided with Checklist Item #28, 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	Use same naming convention as for Checklist Item #28 but with abbreviated plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
56.	In addition to the information provided with Checklist Item #29, 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)	Use same naming convention as for Checklist Item #29 but with abbreviated plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
57.	In addition to the information provided with Checklist Item #30, 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)?	Yes No N/A					Pension plan documents, all versions available, and all amendments signed and dated	Use same naming convention as for Checklist Item #30 but with abbreviated plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
58.	In addition to the information provided with Checklist Item #32, 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 Pension Plan Name Merged, where "Pension Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section C
59.	In addition to the information provided with Checklist Item #33, 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 Pension Plan Name Merged, where "Pension Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section C
60.	In addition to the information provided with Checklist Item #34, 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 Pension Plan Name Merged, where "Pension Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section C

TEMPLATE 4
SFA Determination

v20210706p

File name: *Template 4 Pension Plan Name*, where "Pension Plan Name" is an abbreviated version of the plan name.

For supplemental submission due to a merger under § 4262.4(f)(1)(ii): *Template 4 Pension Plan Name Merged*, where "Pension Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.

For supplemental submission due to certain events with limitations under § 4262.4(f)(1)(i): *Template 4 Pension Plan Name Supp*, where "Pension Plan Name" is an abbreviated version of the plan name.

Instructions for Section C, Item 4 of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance:

Provide information used to determine the amount of requested SFA for the plan based on a deterministic projection and using the actuarial assumptions as described in § 4262.4 of PBGC's special financial assistance regulation. The information to be provided is:

NOTE: All items below are provided on sheet '4-3 SFA Details' unless otherwise noted.

- a. Interest rate used (the "SFA interest rate"), including supporting details on how it was determined. If such interest rate is the limit described in section 4262(e)(3) of ERISA, identify the month selected by the plan to determine the third segment rate used to calculate the limit. [*Sheet: 4-1 SFA Interest Rate*]
- b. Fair market value of assets on the last day of the calendar quarter immediately preceding the date the application is filed (the "SFA measurement date").
- c. For each plan year in the period beginning on the SFA measurement date and ending on the last day of the last plan year ending in 2051 (the "SFA coverage period"):
 - i. Separately identify the projected amount of contributions, projected withdrawal liability payments, and other payments expected to be made to the plan (excluding the amount of financial assistance under section 4261 of ERISA and SFA to be received by the plan).
 - ii. Separately identify benefit payments described in § 4262.4(b)(1) of PBGC's special assistance regulation (excluding the payments in (c)(iii) below) for current retirees and beneficiaries, terminated vested participants not currently receiving benefits, currently active participants and new entrants. [*Sheet: 4-2 SFA Ben Pmts*]
 - iii. Separately identify payments described in § 4262.4(b)(1) of PBGC's special financial assistance regulation attributable to the reinstatement of benefits under § 4262.15 that were previously suspended through the SFA measurement date. [Also see applicable examples in Section C, Item 4(c)(iii) of the SFA instructions.]
 - iv. Separately identify administrative expenses expected to be paid using plan assets, excluding the amount owed PBGC under section 4261 of ERISA.
- d. For each plan year in the SFA coverage period, the projected investment income based on the interest rate in (a) above, and the projected fair market value of plan assets at the end of each plan year.
- e. The present value (using the interest rate identified in (a) above) as of the SFA measurement date of each of the separately provided items in (c)(i)-(iv) above.
- f. SFA amount determined as a lump sum as of the SFA measurement date. As described in § 4262.4(a) of PBGC's special financial assistance regulation, this amount equals the excess (if any) of the SFA-eligible plan obligations (the present value of the items in (c)(ii) through (c)(iv)) over the SFA-eligible plan resources (item (b) plus the present value of the items in (c)(i)).

Additional instructions for each individual worksheet:

Sheet

4-1 SFA Determination - SFA Interest Rate

See instructions on 4-1 SFA Interest Rate.

4-2 SFA Determination - SFA Benefit Payments

On this sheet, you will provide:

- Basic plan information (plan name, EIN/PN, SFA measurement date, SFA interest rate),
- Year-by-year deterministic projection of benefit payments, and
- Present values as of the SFA measurement date, using the SFA interest rate.

For each plan year in the period beginning on the SFA measurement date and ending on the last day of the last plan year ending in 2051 (the "SFA coverage period"), separately identify benefit payments described in § 4262.4(b)(1) of PBGC's special assistance regulation for current retirees and beneficiaries, terminated vested participants not currently receiving benefits, currently active participants and new entrants. On this Sheet 4-2, show all benefit payments as positive amounts.

If the plan has suspended benefit payments under sections 305(e)(9) or 4245 of ERISA, the benefit payments in this Sheet 4-2 projection should reflect prospective reinstatement of benefits assuming such reinstatements commence as of the SFA measurement date. If the plan restored or partially restored benefits under 26 CFR 1.432(e)(9)-1(e)(3) before the SFA measurement date, the benefit payments in this Sheet 4-2 should reflect fully restored prospective benefits.

Benefit payments to be paid to participants to restore previously suspended benefits should not be included on this Sheet 4-2, and are separately shown on Sheet 4-3 in the Column (7). All reinstatement of benefits should be shown assuming such reinstatements are paid beginning as of the SFA measurement date (or on the SFA measurement date, for lump sum reinstatement of prior suspended benefits).

Provide the present value as of the SFA measurement date of each separate set of benefit payments, using the limited SFA interest rate from Sheet 4-1. On this sheet, show the present values as positive amounts.

Except for the first row in the projection exhibit below, each row must include the full plan year of the indicated information up to the plan year ending in 2051. This first row may be less than a full plan year of information. 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.

4-3 SFA Determination - SFA Details

On this sheet, you will provide:

- Basic plan information (plan name, EIN/PN, SFA measurement date, SFA interest rate),
- Year-by-year deterministic projection, and
- Present values as of the SFA measurement date, using the SFA interest rate.

For each plan year in the period beginning on the SFA measurement date and ending on the last day of the last plan year ending in 2051 (the "SFA coverage period"), provide each of the items requested in Columns (1) through (10). Show payments INTO the plan as positive amounts and payments OUT of the plan as negative amounts.

If the plan has suspended benefit payments under sections 305(e)(9) or 4245 of ERISA, Column (7) should show the benefit payments to be made to restore the past benefits that have been suspended. These amounts should be determined as if such reinstatements are paid beginning as of the SFA measurement date. If the plan sponsor elects to pay these amounts as a lump sum, then the lump sum amount is assumed paid as of the SFA measurement date. If the plan sponsor decides to make payments over 60 months, the first monthly payment is assumed paid on the first regular payment date on or after the SFA measurement date. See the examples in the SFA Instructions. If the reinstatement is paid over 60 months, each row in the projection should reflect the monthly payments for that period. The prospective reinstatement of suspended benefits is included in Column (6); Column (7) is only for reinstatement of past benefits that were suspended.

Provide the present values as of the SFA measurement date of each of the projections in Columns (3) through (8), using the limited SFA interest rate from Sheet 4-1. Show the present values as the same sign (positive or negative) as the projected amounts (e.g., benefit payments are negative on this Sheet 4-3, and the present value of benefit payments should also be negative).

Except for the first row in the projection exhibit, each row must include the full plan year of the indicated information up to the plan year ending in 2051. This first row may be less than a full plan year of information. 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.

TEMPLATE 4 - Sheet 4-1

v20210706p

SFA Determination - Interest Rate

Provide the SFA interest rate used, including supporting details on how it was determined.

PLAN INFORMATION

Abbreviated Plan Name:	Teamsters Local 617 Pension Fund	
EIN:	23-7356773	
PN:	001	
Application Submission Date:	08/01/2021	
SFA measurement date:	06/30/2021	Last day of the calendar quarter immediately preceding the application submission date.
Last day of first plan year ending after the measurement date:	02/28/2022	

SFA Interest Rate Used	5.38%
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Input amount used in determination of SFA.

Development of interest rate limit:

Plan Interest Rate:	5.50%
Month used for interest rate (<i>month in which application is filed or the 3 preceding months</i>):	Aug-21
3rd Segment Rate as of applicable date (<i>Section 303(h)(2)(C)(iii) - disregarding modifications made under clause (iv) of such section</i>):	3.38%
Interest Rate Limit (<i>3rd Segment rate plus 200 basis points</i>):	5.38%

Interest rate used for the funding standard account projections in the plan's most recently completed certification of plan status before 1/1/2021.

Month is selected by the plan sponsor.

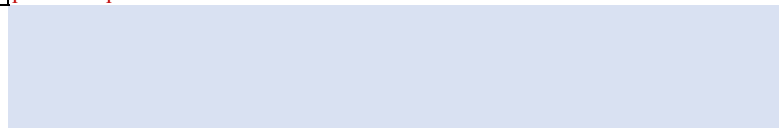
<https://www.irs.gov/retirement-plans/minimum-present-value-segment-rates>

This amount is calculated based on the other information entered.

SFA Interest Rate Calculation (<i>Lesser of Plan Interest Rate and Interest Rate Limit</i>):	5.38%
SFA Interest Rate Match Check:	Match

This amount is calculated based on the other information entered.

If the SFA Interest Rate Calculation is not equal to the SFA Interest Rate Used, provide explanation below.



TEMPLATE 4 - Sheet 4-2
SFA Determination - Benefit Payments

v20210706p

See Supplemental Instructions for Sheet 4-2 on Template 4 Instructions.

PLAN INFORMATION

Abbreviated Plan Name:	Teamsters Local 617 Pension Fund
EIN:	23-7356773
PN:	001
SFA Measurement Date:	06/30/2021
SFA Interest Rate:	5.38%

On this Sheet 4-2, show all benefit payment amounts and present values as positive amounts.

PRESENT VALUE as of the Measurement Date of Projected Benefit Payments for:

Current Retirees and Beneficiaries in Pay Status	Current Terminated Vested Participants	Current Active Participants	New Entrants	Total
\$110,787,359	\$23,867,886	\$176,327	\$27,362	\$134,858,934

PROJECTED BENEFIT PAYMENTS for:

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
06/30/2021	02/28/2022	\$8,086,428	\$333,438	\$0	\$0	\$8,419,866
03/01/2022	02/28/2023	\$11,744,810	\$584,639	\$2,751	\$0	\$12,332,200
03/01/2023	02/29/2024	\$11,344,225	\$739,781	\$2,696	\$0	\$12,086,702
03/01/2024	02/28/2025	\$10,926,679	\$861,447	\$2,634	\$0	\$11,790,760
03/01/2025	02/28/2026	\$10,495,265	\$938,389	\$2,564	\$0	\$11,436,218
03/01/2026	02/28/2027	\$10,049,943	\$1,060,826	\$2,484	\$0	\$11,113,253
03/01/2027	02/29/2028	\$9,592,056	\$1,258,680	\$2,203	\$0	\$10,852,939
03/01/2028	02/28/2029	\$9,123,196	\$1,482,943	\$3,292	\$0	\$10,609,431
03/01/2029	02/28/2030	\$8,645,167	\$1,660,941	\$10,764	\$0	\$10,316,872
03/01/2030	02/28/2031	\$8,160,028	\$1,851,920	\$19,329	\$0	\$10,031,277
03/01/2031	02/29/2032	\$7,670,037	\$1,953,108	\$19,118	\$0	\$9,642,263
03/01/2032	02/28/2033	\$7,177,665	\$2,057,126	\$18,893	\$0	\$9,253,684
03/01/2033	02/28/2034	\$6,685,607	\$2,174,877	\$18,643	\$0	\$8,879,127
03/01/2034	02/28/2035	\$6,196,790	\$2,239,459	\$18,302	\$0	\$8,454,551
03/01/2035	02/29/2036	\$5,714,273	\$2,282,178	\$17,928	\$0	\$8,014,379
03/01/2036	02/28/2037	\$5,241,109	\$2,335,515	\$17,642	\$322	\$7,594,588
03/01/2037	02/28/2038	\$4,780,324	\$2,338,527	\$17,350	\$633	\$7,136,834
03/01/2038	02/28/2039	\$4,334,894	\$2,341,106	\$17,054	\$940	\$6,693,994
03/01/2039	02/29/2040	\$3,907,614	\$2,313,958	\$16,718	\$1,255	\$6,239,545
03/01/2040	02/28/2041	\$3,500,989	\$2,274,870	\$21,863	\$1,670	\$5,799,392
03/01/2041	02/28/2042	\$3,117,117	\$2,232,764	\$21,486	\$2,087	\$5,373,454
03/01/2042	02/28/2043	\$2,757,565	\$2,190,716	\$21,090	\$2,593	\$4,971,964
03/01/2043	02/29/2044	\$2,423,343	\$2,126,086	\$20,670	\$3,092	\$4,573,191
03/01/2044	02/28/2045	\$2,115,080	\$2,055,462	\$20,226	\$3,400	\$4,194,168
03/01/2045	02/28/2046	\$1,833,100	\$1,980,649	\$19,702	\$9,371	\$3,842,822
03/01/2046	02/28/2047	\$1,577,303	\$1,901,764	\$19,182	\$15,122	\$3,513,371
03/01/2047	02/29/2048	\$1,347,218	\$1,819,021	\$18,623	\$15,588	\$3,200,450
03/01/2048	02/28/2049	\$1,142,013	\$1,732,726	\$20,298	\$16,004	\$2,911,041
03/01/2049	02/28/2050	\$960,520	\$1,652,876	\$19,643	\$16,374	\$2,649,413
03/01/2050	02/28/2051	\$801,369	\$1,560,690	\$18,942	\$16,633	\$2,397,634

TEMPLATE 4 - Sheet 4-3

v20210706p

SFA Determination - Details

See Supplemental Instructions for Sheet 4-3 on Template 4 Instructions.

PLAN INFORMATION

Abbreviated Plan Name:	Teamsters Local 617 Pension Fund
EIN:	23-7356773
PN:	001
SFA Measurement Date:	06/30/2021
SFA Interest Rate:	5.38%

PRESENT VALUE as of the SFA Measurement Date of Projected Amounts for:								
(1)	(2)	PV of (3)	PV of (4)	PV of (5)	PV of (6)	PV of (7)	PV of (8)	
Fair Market Value as of the SFA Measurement Date	SFA Amount as of the SFA Measurement Date	Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments (should match total from Sheet 4-2)	Benefit Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	(1)+(2)+Sum of PV of (3) through PV of (8) [NOTE: This amount should be \$0]
\$2,310,547	\$152,350,197	\$1,046,175	\$383,244	\$0	(\$134,858,934)	(\$10,213,861)	(\$11,017,367)	\$0

Show payments INTO the plan as positive, and payments OUT of the plan as negative, so that the sum of (1) through (9) equals (10).

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)		
Plan Year Start Date	Plan Year End Date	Fair Market Value of Assets at Beginning of Plan Year	SFA Amount as of the SFA Measurement Date	Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments (should match total from Sheet 4-2)	Benefit Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	Investment Income Based on SFA Interest Rate	Fair Market Value of Assets at End of Plan Year
06/30/2021	02/28/2022	\$2,310,547	\$152,350,197	\$53,340	\$20,301	\$0	-\$8,419,866	-\$10,213,861	-\$425,043	\$4,962,582	\$140,638,197
03/01/2022	02/28/2023	\$140,638,197		\$80,009	\$36,884	\$0	-\$12,332,200	-\$651,909	\$7,196,929	\$134,967,910	
03/01/2023	02/29/2024	\$134,967,910		\$72,349	\$36,884	\$0	-\$12,086,702	-\$666,577	\$6,898,419	\$129,222,282	
03/01/2024	02/28/2025	\$129,222,282		\$72,349	\$36,884	\$0	-\$11,790,760	-\$681,575	\$6,597,493	\$123,456,672	
03/01/2025	02/28/2026	\$123,456,672		\$72,349	\$36,884	\$0	-\$11,436,218	-\$696,910	\$6,297,178	\$117,729,954	
03/01/2026	02/28/2027	\$117,729,954		\$72,349	\$36,884	\$0	-\$11,113,253	-\$712,591	\$5,998,034	\$112,011,377	
03/01/2027	02/29/2028	\$112,011,377		\$72,349	\$36,884	\$0	-\$10,852,939	-\$728,624	\$5,697,508	\$106,236,554	
03/01/2028	02/28/2029	\$106,236,554		\$72,349	\$36,884	\$0	-\$10,609,431	-\$745,018	\$5,393,461	\$100,384,799	
03/01/2029	02/28/2030	\$100,384,799		\$72,349	\$36,884	\$0	-\$10,316,872	-\$761,781	\$5,086,685	\$94,502,063	
03/01/2030	02/28/2031	\$94,502,063		\$72,349	\$36,884	\$0	-\$10,031,277	-\$778,921	\$4,778,031	\$88,579,129	
03/01/2031	02/29/2032	\$88,579,129		\$72,349	\$25,804	\$0	-\$9,642,263	-\$804,780	\$4,469,820	\$82,700,059	
03/01/2032	02/28/2033	\$82,700,059		\$64,688	\$18,704	\$0	-\$9,253,684	-\$822,887	\$4,163,776	\$76,870,655	
03/01/2033	02/28/2034	\$76,870,655		\$64,688	\$18,704	\$0	-\$8,879,127	-\$841,402	\$3,860,529	\$71,094,047	
03/01/2034	02/28/2035	\$71,094,047		\$64,688	\$18,704	\$0	-\$8,454,551	-\$860,334	\$3,561,559	\$65,424,113	
03/01/2035	02/29/2036	\$65,424,113		\$64,688	\$18,704	\$0	-\$8,014,379	-\$879,691	\$3,268,769	\$59,882,204	
03/01/2036	02/28/2037	\$59,882,204		\$64,688	\$18,704	\$0	-\$7,594,588	-\$899,485	\$2,982,266	\$54,453,789	
03/01/2037	02/28/2038	\$54,453,789		\$64,688	\$18,704	\$0	-\$7,136,834	-\$919,723	\$2,702,956	\$49,183,580	
03/01/2038	02/28/2039	\$49,183,580		\$64,688	\$18,704	\$0	-\$6,693,994	-\$940,417	\$2,431,715	\$44,064,277	
03/01/2039	02/29/2040	\$44,064,277		\$64,688	\$18,704	\$0	-\$6,239,545	-\$935,932	\$2,169,543	\$39,141,735	
03/01/2040	02/28/2041	\$39,141,735		\$64,688	\$18,704	\$0	-\$5,799,392	-\$869,909	\$1,919,047	\$34,474,874	
03/01/2041	02/28/2042	\$34,474,874		\$64,688	\$15,023	\$0	-\$5,373,454	-\$806,018	\$1,681,812	\$30,056,924	
03/01/2042	02/28/2043	\$30,056,924		\$64,688	\$3,980	\$0	-\$4,971,964	-\$745,795	\$1,456,810	\$25,864,644	
03/01/2043	02/29/2044	\$25,864,644		\$64,688	\$3,980	\$0	-\$4,573,191	-\$685,979	\$1,244,254	\$21,918,397	
03/01/2044	02/28/2045	\$21,918,397		\$64,688	\$3,980	\$0	-\$4,194,168	-\$629,125	\$1,044,292	\$18,208,063	
03/01/2045	02/28/2046	\$18,208,063		\$64,688	\$3,980	\$0	-\$3,842,822	-\$576,423	\$856,120	\$14,713,606	
03/01/2046	02/28/2047	\$14,713,606		\$64,688	\$3,980	\$0	-\$3,513,371	-\$527,006	\$678,849	\$11,420,746	
03/01/2047	02/29/2048	\$11,420,746		\$64,688	\$3,980	\$0	-\$3,200,450	-\$480,068	\$511,886	\$8,320,782	
03/01/2048	02/28/2049	\$8,320,782		\$64,688	\$3,980	\$0	-\$2,911,041	-\$436,656	\$354,534	\$5,396,288	
03/01/2049	02/28/2050	\$5,396,288		\$64,688	\$3,980	\$0	-\$2,649,413	-\$397,412	\$205,718	\$2,623,849	
03/01/2050	02/28/2051	\$2,623,849		\$64,688	\$3,980	\$0	-\$2,397,634	-\$359,645	\$64,762	\$0	

TEMPLATE 6

v20210723p

Reconciliation

File name: *Template 6 Pension Plan Name*, where "Pension Plan Name" is an abbreviated version of the plan name.

Instructions for Section C, Item 6 of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance:

This Template 6 is not required if all assumptions used (except the interest rate, CBU assumption and administrative expenses assumption) to determine the requested SFA amount are identical to those used in the pre-2021 certification of plan status and if the changed assumptions for CBUs and administrative expenses are consistent with Paragraph A "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's guidance on Special Financial Assistance Assumptions.

This Template 6 is also not required if the requested SFA amount from Template 4 is the same as the SFA amount shown in Template 5 (Baseline).

If the assumptions used to determine the requested SFA amount differ from those in the "Baseline" projection in Template 5, then provide a reconciliation of the change in the total amount of requested SFA due to each change in assumption from the Baseline to the requested SFA as shown in Template 4.

For each assumption change from the Baseline through the requested SFA amount, provide a deterministic projection in the same format as Template 4.

Additional instructions for each individual worksheet:

Sheet

6-1 Reconciliation

For Item 1, show the SFA amount shown in Template 5 using the "Baseline" assumptions and methods. If there is only one change in assumptions/methods between the Baseline (Template 5) and the requested SFA amount (Template 4), then show on Item 2 the requested SFA amount, and briefly identify the change in assumptions from the Baseline.

If there is more than one change in assumptions/methods from the Baseline, show each individual change as a separate item number. Each item number should reflect all changes already measured in the prior item number. For example, the difference between the SFA amount shown for Item 4 and Item 5 should be the incremental change due to changing the identified single assumption/method. The Item numbers should show assumption/method changes in the order that they were incrementally measured.

6-2 Reconciliation Details

For Reconciliation Details sheets, see Template 4 instructions for Sheet 4-3, except provide the projections and present value information used to determine each Item number from the Reconciliation in Sheet 6-1.

A Reconciliation Details sheet is not needed for the last Item shown in the Reconciliation, since the information should be the same as shown in Template 4. For example, if there is only one assumption change from the Baseline, then Item 2 should identify what assumption changed between the Baseline and Item 2 where Item 2 is the requested SFA amount. Since details on the determination of the requested SFA amount are shown in Template 4, a separate Sheet 6-2 Reconciliation Details is not required here.

6-3 Reconciliation Details

See instructions for 6-2 Reconciliation Details.

6-4 Reconciliation Details

See instructions for 6-2 Reconciliation Details.

6-5 Reconciliation Details

See instructions for 6-2 Reconciliation Details.

Version Updates

Version	Date Updated	
v20210723p	07/23/2021	On Sheets 6-2, 6-3, 6-3, and 6-5: (1) unprotected Cells A1:B1, and (2) in Cell H14 and Cell H19, removed reference to Sheet 4-2. Updated the version number in top right corner of each sheet. Added this section on Version Updates and protected the Version Updates cells.
v20210706p	07/06/2021	

TEMPLATE 6 - Sheet 6-1

Reconciliation - Summary

For Item 1, show the SFA amount determined in Template 5 using the "Baseline" assumptions and methods. If there is only one change in assumptions/methods between the Baseline (Template 5) and the requested SFA amount (Template 4), then show on Item 2 the requested SFA amount, and briefly identify the change in assumptions from the Baseline.

If there is more than one change in assumptions/methods from the Baseline, show each individual change as a separate item number. Each item number should reflect all changes already measured in the prior item number. For example, the difference between the SFA amount shown for Item 4 and Item 5 should be the incremental change due to changing the identified single assumption/method. The Item numbers should show assumption/method changes in the order that they were incrementally measured.

PLAN INFORMATION

Abbreviated Plan Name:	Teamsters Local 617 Pension Fund
EIN:	23-7356773
PN:	001

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	\$144,753,804	NOTE: A sheet with Recon Details is not required for the last item number provided, since this information should be the same as provided in Template 4. From Template 5.
2	New Entrants assumed	\$27,770	\$144,781,574	Show details supporting the SFA amount on Sheet 6-2.
3	New Entrants assumed; Administrative Expenses are \$651,909 in the plan year ending 2/28/2023 increasing by 2.25%/year or scaled back for the plan year ending 2/28/2022. Administrative Expenses are limited to 15% of benefit benefits.	\$8,998,041	\$153,779,616	Show details supporting the SFA amount on Sheet 6-3.
4	New Entrants assumed; Change in Administrative Expenses; Contributions assumed	(\$1,046,175)	\$152,733,441	Show details supporting the SFA amount on Sheet 6-4.
5	New Entrants assumed; Change in Administrative Expenses; Contributions assumed; Wdl Liab Pmts assumed	(\$383,244)	\$152,350,197	Show details supporting the SFA amount on Sheet 6-5.

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

TEMPLATE 6 - Sheet 6-2

Item Description (From 6-1): New Entrants assumed

v20210723p

Reconciliation - Details

See Supplemental Instructions for Sheet 4-3 on Template 4 Instructions.

PLAN INFORMATION

Abbreviated Plan Name:	Teamsters Local 617 Pension Fund
EIN:	23-7356773
PN:	001
SFA Measurement Date:	06/30/2021
SFA Interest Rate:	5.38%

PRESENT VALUE as of the SFA Measurement Date of Projected Amounts for:								
(1)	(2)	PV of (3)	PV of (4)	PV of (5)	PV of (6)	PV of (7)	PV of (8)	
Fair Market Value as of the SFA Measurement Date	SFA Amount as of the SFA Measurement Date	Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments	Benefit Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	(1)+(2)+Sum of PV of (3) through PV of (8) [NOTE: This amount should be \$0]
\$2,310,547	\$144,781,574	\$0	\$0	\$0	(\$134,858,934)	(\$10,213,861)	(\$2,019,326)	\$0

Show payments INTO the plan as positive, and payments OUT of the plan as negative, so that the sum of (1) through (9) equals (10).

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)		
Plan Year Start Date	Plan Year End Date	Fair Market Value of Assets at Beginning of Plan Year	SFA Amount as of the SFA Measurement Date	Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments	Benefit Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	Investment Income Based on SFA Interest Rate	Fair Market Value of Assets at End of Plan Year
06/30/2021	02/28/2022	\$2,310,547	\$144,781,574	\$0	\$0	\$0	-\$8,419,866	-\$10,213,861	-\$126,298	\$4,696,890	\$133,028,986
03/01/2022	02/28/2023	\$133,028,986		\$0	\$0	\$0	-\$12,332,200		-\$184,983	\$6,795,937	\$127,307,740
03/01/2023	02/29/2024	\$127,307,740		\$0	\$0	\$0	-\$12,086,702		-\$181,301	\$6,495,321	\$121,535,058
03/01/2024	02/28/2025	\$121,535,058		\$0	\$0	\$0	-\$11,790,760		-\$176,861	\$6,193,415	\$115,760,852
03/01/2025	02/28/2026	\$115,760,852		\$0	\$0	\$0	-\$11,436,218		-\$171,543	\$5,893,141	\$110,046,232
03/01/2026	02/28/2027	\$110,046,232		\$0	\$0	\$0	-\$11,113,253		-\$166,699	\$5,595,150	\$104,361,430
03/01/2027	02/29/2028	\$104,361,430		\$0	\$0	\$0	-\$10,852,939		-\$162,794	\$5,296,928	\$98,642,625
03/01/2028	02/28/2029	\$98,642,625		\$0	\$0	\$0	-\$10,609,431		-\$159,141	\$4,996,385	\$92,870,438
03/01/2029	02/28/2030	\$92,870,438		\$0	\$0	\$0	-\$10,316,872		-\$154,753	\$4,694,406	\$87,093,219
03/01/2030	02/28/2031	\$87,093,219		\$0	\$0	\$0	-\$10,031,277		-\$150,469	\$4,391,952	\$81,303,425
03/01/2031	02/29/2032	\$81,303,425		\$0	\$0	\$0	-\$9,642,263		-\$153,608	\$4,091,630	\$75,599,184
03/01/2032	02/28/2033	\$75,599,184		\$0	\$0	\$0	-\$9,253,684		-\$138,805	\$3,796,337	\$70,003,032
03/01/2033	02/28/2034	\$70,003,032		\$0	\$0	\$0	-\$8,879,127		-\$133,187	\$3,506,229	\$64,496,947
03/01/2034	02/28/2035	\$64,496,947		\$0	\$0	\$0	-\$8,454,551		-\$126,818	\$3,222,431	\$59,138,009
03/01/2035	02/29/2036	\$59,138,009		\$0	\$0	\$0	-\$8,014,379		-\$120,216	\$2,947,006	\$53,950,420
03/01/2036	02/28/2037	\$53,950,420		\$0	\$0	\$0	-\$7,594,588		-\$113,919	\$2,680,203	\$48,922,116
03/01/2037	02/28/2038	\$48,922,116		\$0	\$0	\$0	-\$7,136,834		-\$107,053	\$2,423,081	\$44,101,310
03/01/2038	02/28/2039	\$44,101,310		\$0	\$0	\$0	-\$6,693,994		-\$100,410	\$2,176,686	\$39,483,592
03/01/2039	02/29/2040	\$39,483,592		\$0	\$0	\$0	-\$6,239,545		-\$93,593	\$1,941,556	\$35,092,010
03/01/2040	02/28/2041	\$35,092,010		\$0	\$0	\$0	-\$5,799,392		-\$86,991	\$1,718,174	\$30,923,801
03/01/2041	02/28/2042	\$30,923,801		\$0	\$0	\$0	-\$5,373,454		-\$80,602	\$1,506,394	\$26,976,139
03/01/2042	02/28/2043	\$26,976,139		\$0	\$0	\$0	-\$4,971,964		-\$74,579	\$1,305,763	\$23,235,359
03/01/2043	02/29/2044	\$23,235,359		\$0	\$0	\$0	-\$4,573,191		-\$68,598	\$1,116,183	\$19,709,753
03/01/2044	02/28/2045	\$19,709,753		\$0	\$0	\$0	-\$4,194,168		-\$62,913	\$937,601	\$16,390,273
03/01/2045	02/28/2046	\$16,390,273		\$0	\$0	\$0	-\$3,842,822		-\$57,642	\$769,299	\$13,259,108
03/01/2046	02/28/2047	\$13,259,108		\$0	\$0	\$0	-\$3,513,371		-\$52,701	\$610,487	\$10,303,523
03/01/2047	02/29/2048	\$10,303,523		\$0	\$0	\$0	-\$3,200,450		-\$48,007	\$460,637	\$7,515,703
03/01/2048	02/28/2049	\$7,515,703		\$0	\$0	\$0	-\$2,911,041		-\$43,666	\$319,125	\$4,880,121
03/01/2049	02/28/2050	\$4,880,121		\$0	\$0	\$0	-\$2,649,413		-\$39,741	\$184,990	\$2,375,957
03/01/2050	02/28/2051	\$2,375,957		\$0	\$0	\$0	-\$2,397,634		-\$35,965	\$57,636	-\$6

TEMPLATE 6 - Sheet 6-3

Reconciliation - Details

Item Description (From 6-1): New Entrants assumed; ; Administrative Expenses are \$651,909 in the plan year ending 2/28/2023 increasing by 2.25%/year or scaled back for the plan year ending 2/28/2022. Administrative Expenses are limited to 15% of benefit benefits.

v20210723p

See Supplemental Instructions for Sheet 4-3 on Template 4 Instructions.

PLAN INFORMATION

Abbreviated Plan Name:	Teamsters Local 617 Pension Fund	
EIN:	23-7356773	
PN:	001	
SFA Measurement Date:	06/30/2021	
SFA Interest Rate:	5.38%	

PRESENT VALUE as of the SFA Measurement Date of Projected Amounts for:								
(1)	(2)	PV of (3)	PV of (4)	PV of (5)	PV of (6)	PV of (7)	PV of (8)	
Fair Market Value as of the SFA Measurement Date	SFA Amount as of the SFA Measurement Date	Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments	Benefit Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	(1)+(2)+Sum of PV of (3) through PV of (8) [NOTE: This amount should be \$0]
\$2,310,547	\$153,779,616	\$0	\$0	\$0	(\$134,858,934)	(\$10,213,861)	(\$11,017,367)	\$0

Show payments INTO the plan as positive, and payments OUT of the plan as negative, so that the sum of (1) through (9) equals (10).

Plan Year Start Date	Plan Year End Date	(1) Fair Market Value of Assets at Beginning of Plan Year	(2) SFA Amount as of the SFA Measurement Date	(3) Contributions	(4) Withdrawal Liability Payments	(5) Other Payments to Plan (excluding financial assistance and SFA)	(6) Benefit Payments	(7) Benefit Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	(8) Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	(9) Investment Income Based on SFA Interest Rate	(10) Fair Market Value of Assets at End of Plan Year
06/30/2021	02/28/2022	\$2,310,547	\$153,779,616	\$0	\$0	\$0	-\$8,419,866	-\$10,213,861	-\$425,043	\$5,012,177	\$142,043,570
03/01/2022	02/28/2023	\$142,043,570		\$0	\$0	\$0	-\$12,332,200	-\$651,909	\$7,269,517	\$136,328,978	
03/01/2023	02/29/2024	\$136,328,978		\$0	\$0	\$0	-\$12,086,702	-\$666,577	\$6,968,811	\$130,544,510	
03/01/2024	02/28/2025	\$130,544,510		\$0	\$0	\$0	-\$11,790,760	-\$681,575	\$6,665,796	\$124,737,971	
03/01/2025	02/28/2026	\$124,737,971		\$0	\$0	\$0	-\$11,436,218	-\$696,910	\$6,363,278	\$118,968,121	
03/01/2026	02/28/2027	\$118,968,121		\$0	\$0	\$0	-\$11,113,253	-\$712,591	\$6,061,814	\$113,204,091	
03/01/2027	02/29/2028	\$113,204,091		\$0	\$0	\$0	-\$10,852,939	-\$728,624	\$5,758,843	\$107,381,370	
03/01/2028	02/28/2029	\$107,381,370		\$0	\$0	\$0	-\$10,609,431	-\$745,018	\$5,452,219	\$101,479,140	
03/01/2029	02/28/2030	\$101,479,140		\$0	\$0	\$0	-\$10,316,872	-\$761,781	\$5,142,727	\$95,543,214	
03/01/2030	02/28/2031	\$95,543,214		\$0	\$0	\$0	-\$10,031,277	-\$778,921	\$4,831,212	\$89,564,228	
03/01/2031	02/29/2032	\$89,564,228		\$0	\$0	\$0	-\$9,642,263	-\$804,780	\$4,520,157	\$83,637,342	
03/01/2032	02/28/2033	\$83,637,342		\$0	\$0	\$0	-\$9,253,684	-\$822,887	\$4,212,081	\$77,772,851	
03/01/2033	02/28/2034	\$77,772,851		\$0	\$0	\$0	-\$8,879,127	-\$841,402	\$3,906,947	\$71,959,269	
03/01/2034	02/28/2035	\$71,959,269		\$0	\$0	\$0	-\$8,454,551	-\$860,334	\$3,605,988	\$66,250,372	
03/01/2035	02/29/2036	\$66,250,372		\$0	\$0	\$0	-\$8,014,379	-\$879,691	\$3,311,101	\$60,667,402	
03/01/2036	02/28/2037	\$60,667,402		\$0	\$0	\$0	-\$7,594,588	-\$899,485	\$3,022,389	\$55,195,719	
03/01/2037	02/28/2038	\$55,195,719		\$0	\$0	\$0	-\$7,136,834	-\$919,723	\$2,740,751	\$49,879,913	
03/01/2038	02/28/2039	\$49,879,913		\$0	\$0	\$0	-\$6,693,994	-\$940,417	\$2,467,057	\$44,712,559	
03/01/2039	02/29/2040	\$44,712,559		\$0	\$0	\$0	-\$6,239,545	-\$935,932	\$2,202,300	\$39,739,383	
03/01/2040	02/28/2041	\$39,739,383		\$0	\$0	\$0	-\$5,799,392	-\$869,909	\$1,949,080	\$35,019,163	
03/01/2041	02/28/2042	\$35,019,163		\$0	\$0	\$0	-\$5,373,454	-\$806,018	\$1,709,006	\$30,548,697	
03/01/2042	02/28/2043	\$30,548,697		\$0	\$0	\$0	-\$4,971,964	-\$745,795	\$1,481,572	\$26,312,510	
03/01/2043	02/29/2044	\$26,312,510		\$0	\$0	\$0	-\$4,573,191	-\$685,979	\$1,266,655	\$22,319,995	
03/01/2044	02/28/2045	\$22,319,995		\$0	\$0	\$0	-\$4,194,168	-\$629,125	\$1,064,203	\$18,560,905	
03/01/2045	02/28/2046	\$18,560,905		\$0	\$0	\$0	-\$3,842,822	-\$576,423	\$873,408	\$15,015,067	
03/01/2046	02/28/2047	\$15,015,067		\$0	\$0	\$0	-\$3,513,371	-\$527,006	\$693,373	\$11,668,063	
03/01/2047	02/29/2048	\$11,668,063		\$0	\$0	\$0	-\$3,200,450	-\$480,068	\$523,496	\$8,511,042	
03/01/2048	02/28/2049	\$8,511,042		\$0	\$0	\$0	-\$2,911,041	-\$436,656	\$363,075	\$5,526,420	
03/01/2049	02/28/2050	\$5,526,420		\$0	\$0	\$0	-\$2,649,413	-\$397,412	\$211,024	\$2,690,620	
03/01/2050	02/28/2051	\$2,690,620		\$0	\$0	\$0	-\$2,397,634	-\$359,645	\$66,659	\$0	

TEMPLATE 6 - Sheet 6-4

Item Description (From 6-1):	New Entrants assumed; Administrative Expenses change; Contributions assumed
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v20210723p

Reconciliation - Details

See Supplemental Instructions for Sheet 4-3 on Template 4 Instructions.

PLAN INFORMATION

Abbreviated Plan Name:	Teamsters Local 617 Pension Fund	
EIN:	23-7356773	
PN:	001	
SFA Measurement Date:	06/30/2021	
SFA Interest Rate:	5.38%	

PRESENT VALUE as of the SFA Measurement Date of Projected Amounts for:								
(1)	(2)	PV of (3)	PV of (4)	PV of (5)	PV of (6)	PV of (7)	PV of (8)	
Fair Market Value as of the SFA Measurement Date	SFA Amount as of the SFA Measurement Date	Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments	Benefit Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	(1)+(2)+Sum of PV of (3) through PV of (8) [NOTE: This amount should be \$0]
\$2,310,547	\$152,733,441	\$1,046,175	\$0	\$0	(\$134,858,934)	(\$10,213,861)	(\$11,017,367)	\$0

Show payments INTO the plan as positive, and payments OUT of the plan as negative, so that the sum of (1) through (9) equals (10).

Plan Year Start Date	Plan Year End Date	(1) Fair Market Value of Assets at Beginning of Plan Year	(2) SFA Amount as of the SFA Measurement Date	(3) Contributions	(4) Withdrawal Liability Payments	(5) Other Payments to Plan (excluding financial assistance and SFA)	(6) Benefit Payments	(7) Benefit Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	(8) Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	(9) Investment Income Based on SFA Interest Rate	(10) Fair Market Value of Assets at End of Plan Year
06/30/2021	02/28/2022	\$2,310,547	\$152,733,441	\$53,340	\$0	\$0	-\$8,419,866	-\$10,213,861	-\$425,043	\$4,975,807	\$141,014,365
03/01/2022	02/28/2023	\$141,014,365		\$80,009	\$0	\$0	-\$12,332,200	-\$651,909	-\$651,909	\$7,216,100	\$135,326,365
03/01/2023	02/29/2024	\$135,326,365		\$72,349	\$0	\$0	-\$12,086,702	-\$666,577	-\$666,577	\$6,916,638	\$129,562,073
03/01/2024	02/28/2025	\$129,562,073		\$72,349	\$0	\$0	-\$11,790,760	-\$681,575	-\$681,575	\$6,614,707	\$123,776,794
03/01/2025	02/28/2026	\$123,776,794		\$72,349	\$0	\$0	-\$11,436,218	-\$696,910	-\$696,910	\$6,313,334	\$118,029,348
03/01/2026	02/28/2027	\$118,029,348		\$72,349	\$0	\$0	-\$11,113,253	-\$712,591	-\$712,591	\$6,013,075	\$112,288,928
03/01/2027	02/29/2028	\$112,288,928		\$72,349	\$0	\$0	-\$10,852,939	-\$728,624	-\$728,624	\$5,711,374	\$106,491,087
03/01/2028	02/28/2029	\$106,491,087		\$72,349	\$0	\$0	-\$10,609,431	-\$745,018	-\$745,018	\$5,406,089	\$100,615,076
03/01/2029	02/28/2030	\$100,615,076		\$72,349	\$0	\$0	-\$10,316,872	-\$761,781	-\$761,781	\$5,098,008	\$94,706,779
03/01/2030	02/28/2031	\$94,706,779		\$72,349	\$0	\$0	-\$10,031,277	-\$778,921	-\$778,921	\$4,787,979	\$88,756,908
03/01/2031	02/29/2032	\$88,756,908		\$72,349	\$0	\$0	-\$9,642,263	-\$804,780	-\$804,780	\$4,478,490	\$82,860,704
03/01/2032	02/28/2033	\$82,860,704		\$64,688	\$0	\$0	-\$9,253,684	-\$822,887	-\$822,887	\$4,171,878	\$77,020,699
03/01/2033	02/28/2034	\$77,020,699		\$64,688	\$0	\$0	-\$8,879,127	-\$841,402	-\$841,402	\$3,868,061	\$71,232,918
03/01/2034	02/28/2035	\$71,232,918		\$64,688	\$0	\$0	-\$8,454,551	-\$860,334	-\$860,334	\$3,568,490	\$65,551,211
03/01/2035	02/29/2036	\$65,551,211		\$64,688	\$0	\$0	-\$8,014,379	-\$879,691	-\$879,691	\$3,275,066	\$59,996,895
03/01/2036	02/28/2037	\$59,996,895		\$64,688	\$0	\$0	-\$7,594,588	-\$899,485	-\$899,485	\$2,987,896	\$54,555,406
03/01/2037	02/28/2038	\$54,555,406		\$64,688	\$0	\$0	-\$7,136,834	-\$919,723	-\$919,723	\$2,707,882	\$49,271,420
03/01/2038	02/28/2039	\$49,271,420		\$64,688	\$0	\$0	-\$6,693,994	-\$940,417	-\$940,417	\$2,435,900	\$44,137,597
03/01/2039	02/29/2040	\$44,137,597		\$64,688	\$0	\$0	-\$6,239,545	-\$935,932	-\$935,932	\$2,172,947	\$39,199,756
03/01/2040	02/28/2041	\$39,199,756		\$64,688	\$0	\$0	-\$5,799,392	-\$869,909	-\$869,909	\$1,921,628	\$34,516,771
03/01/2041	02/28/2042	\$34,516,771		\$64,688	\$0	\$0	-\$5,373,454	-\$806,018	-\$806,018	\$1,683,557	\$30,085,545
03/01/2042	02/28/2043	\$30,085,545		\$64,688	\$0	\$0	-\$4,971,964	-\$745,795	-\$745,795	\$1,458,235	\$25,890,709
03/01/2043	02/29/2044	\$25,890,709		\$64,688	\$0	\$0	-\$4,573,191	-\$685,979	-\$685,979	\$1,245,542	\$21,941,769
03/01/2044	02/28/2045	\$21,941,769		\$64,688	\$0	\$0	-\$4,194,168	-\$629,125	-\$629,125	\$1,045,434	\$18,228,598
03/01/2045	02/28/2046	\$18,228,598		\$64,688	\$0	\$0	-\$3,842,822	-\$576,423	-\$576,423	\$857,110	\$14,731,150
03/01/2046	02/28/2047	\$14,731,150		\$64,688	\$0	\$0	-\$3,513,371	-\$527,006	-\$527,006	\$679,678	\$11,435,140
03/01/2047	02/29/2048	\$11,435,140		\$64,688	\$0	\$0	-\$3,200,450	-\$480,068	-\$480,068	\$512,545	\$8,331,855
03/01/2048	02/28/2049	\$8,331,855		\$64,688	\$0	\$0	-\$2,911,041	-\$436,656	-\$436,656	\$355,015	\$5,403,861
03/01/2049	02/28/2050	\$5,403,861		\$64,688	\$0	\$0	-\$2,649,413	-\$397,412	-\$397,412	\$206,011	\$2,627,735
03/01/2050	02/28/2051	\$2,627,735		\$64,688	\$0	\$0	-\$2,397,634	-\$359,645	-\$359,645	\$64,856	\$0

TEMPLATE 7

v20210706p

7a - Assumption Changes for SFA Eligibility

File name: *Template 7 Pension Plan Name*, where "Pension Plan Name" is an abbreviated version of the plan name.

Instructions for Section C, Item 7(a) of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance:

Sheet 7a of Template 7 is not required if the plan is eligible for SFA under § 4262.3(a)(2) (MPRA suspensions) or § 4262.3(a)(4) (certain insolvent plans) of PBGC's special financial assistance regulation.

Sheet 7a of Template 7 is not required if the plan is eligible based on a certification of plan status completed before January 1, 2021.

Sheet 7a of Template 7 is not required if the plan is eligible based on a certification of plan status completed after December 31, 2020 but reflects the same assumptions as those in the pre-2021 certification of plan status.

Provide a table identifying which assumptions used in determining the plan's eligibility for SFA differ from those used in the pre-2021 certification of plan status and brief explanations as to why using those assumptions is no longer reasonable and why the changed assumptions are reasonable.

This table should reflect all identified assumptions (including those that are included in the Baseline provided in Template 5) and should be an abbreviated version of information provided in Section D, Item 6(a) of the SFA filing instructions.

For example, if the mortality assumption used in the pre-2021 certification of plan status is the RP-2000 mortality table, and the plan proposes to change to the Pri-2012(BC) table, complete one line of the table as follows:

	(A)	(B)	(C)
Assumption That Has Changed From Assumption Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Brief description of assumption used in the most recent certification of plan status completed prior to 1/1/2021	Brief description of assumption used in showing the plan's eligibility for SFA (if different).	Brief explanation on why the assumption in (A) is no longer reasonable and why the assumption in (B) is reasonable.
Base Mortality Assumption	RP-2000 mortality table	Pri-2012(BC) mortality table	Prior assumption is outdated. New assumption reflects more recently published experience for blue collar workers.

Add one line for each assumption that has changed from the assumption used in the most recent certification of plan status completed prior to 1/1/2021.

Since this Template 7a is intended as an abbreviated version of more detailed information provided in Section D, Item 6(a) of the SFA filing instructions, it is not necessary to include full tables of rates at every age (e.g., for retirement, turnover, etc.). Instead, a high level description that focuses on what aspect of the assumption has changed is preferred.

TEMPLATE 7

v20210706p

7b - Assumption Changes for SFA Amount

File name: *Template 7 Pension Plan Name*, where "Pension Plan Name" is an abbreviated version of the plan name.

Instructions for Section C, Item 7(b) of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance:

Provide a table identifying which assumption differ from those used in the pre-2021 certification of plan status (except the interest rate used in calculating the amount of SFA) and brief explanations as to why using those original assumptions is no longer reasonable and why the changed assumptions are reasonable.

Please 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 guidance on Special Financial Assistance Assumptions.

This table should identify all changed assumptions except for the interest rate (reflecting those that are included in the Baseline provided in Template 5) and should be an abbreviated version of information provided in Section D, Item 6(b) of the SFA filing instructions.

For example, if the mortality assumption used in the pre-2021 certification of plan status is the RP-2000 mortality table, and the plan proposes to change to the Pri-2012(BC) table, complete one line of the table as follows:

	(A)	(B)	(C)
Assumption That Has Changed From Assumption Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Brief description of assumption used in the most recent certification of plan status completed prior to 1/1/2021	Brief description of assumption used to determine the requested SFA amount (if different)	Brief explanation on why the assumption in (A) is no longer reasonable and why the assumption in (B) is reasonable.
Base Mortality Assumption	RP-2000 mortality table	Pri-2012(BC) mortality table	Original assumption is outdated. New assumption reflects more recently published experience for blue collar workers.

For example, assume the plan is projected to be insolvent in 2029 in the pre-2021 certification of plan status. The plan changes its CBU assumption by extending the assumption to the later projection years 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 guidance on Special Financial Assistance Assumptions. Complete one line of the table as follows:

	(A)	(B)	(C)
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Assumption That Has Changed From Assumption Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Brief description of assumption used in the most recent certification of plan status completed prior to 1/1/2021	Brief description of assumption used to determine the requested SFA amount (if different)	Brief explanation on why the assumption in (A) is no longer reasonable and why the assumption in (B) is reasonable.
CBU Assumption	Decrease from most recent plan year's actual number of CBUs by 2% per year to 2028	Same number of CBUs for each projection year to 2028 as shown in (A), then constant CBUs for all years after 2028.	Original assumption does not address years after original projected insolvency in 2029. Proposed assumption uses acceptable extension methodology.

Add one line for each assumption that has changed from the assumption used in the most recent certification of plan status completed prior to 1/1/2021.

Since this Template 7b is intended as an abbreviated version of more detailed information provided in Section D, Item 6(b) of the SFA filing instructions, it is not necessary to include full tables of rates at every age (e.g., for retirement, turnover, etc.). Instead, a high level description that focuses on what aspect of the assumption has changed is preferred.

Template 7 - Sheet 7b
Assumption Changes - SFA Amount

v20210706p

PLAN INFORMATION

Abbreviated Plan Name:	Teamsters Local 617 Pension Fund	
EIN:	23-7356773	
PN:	001	

	A	B	C
Assumption That Has Changed From Assumption Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Brief description of assumption used in the most recent certification of plan status completed prior to 1/1/2021	Brief description of assumption used to determine the requested SFA amount (if different)	Brief explanation on why the assumption in (A) is no longer reasonable and why the assumption in (B) is reasonable.
Base Mortality Table	RP-2000 mortality table set forward three years	Pri-2012(BC) mortality table	Assumption in (A) is outdated. Assumption in (B) is the most recent table published by the Society of Actuaries.
Mortality Projection Scale	Scale AA	Scale MP-2019	Assumption in (A) is outdated. Assumption in (B) is a more recent scale published by the Society of Actuaries.
New Entrants	No assumption	Fund Office employees are fully replaced by new hires	The plan became insolvent in the plan year beginning 3/1/2020, and no further cashflow projections were done making an assumption for new entrants unnecessary. Since the plan will continue to operate, the assumption in (B) was reflected to determine the SFA amount.
Administrative Expenses	1.5% load in accrued liability and normal cost	Administrative Expenses are \$651,909 in the plan year ending 2/28/2023 increasing by 2.25%/year or scaled back for the plan year ending 2/28/2022. Administrative Expenses are limited to 15% of benefit benefits. Additional increase of \$13 per participant in the plan year beginning 3/1/2031.	The plan became insolvent in the plan year beginning 3/1/2020, and no further cashflow projections were done. Assumption in (A) is outdated, as it results in a level of annual expenses much lower than experienced and anticipated. Assumption in (B) better reflects recent and anticipated future plan experience. The additional increase in the 2031 plan year is to reflect the increase in PBGC premium to \$52 per participant.
Contribution Base Units (CBU)	No assumption	2,080 hours per year	The plan became insolvent in the plan year beginning 3/1/2020, and no further cashflow projections were done making an assumption for CBU unnecessary. The assumption in (B) reflects recent and anticipated future plan experience.
Contribution Rates	No assumption	The same contribution rates in effect as of the SFA measurement date	The plan became insolvent in the plan year beginning 3/1/2020, and no further cashflow projections were done making an assumption for contribution rates unnecessary. No new Collective Bargaining Agreements (CBA) are expected for current employers. Fund Office employees are subject to a participation agreement. Since the plan pays Fund Office contributions out of administrative expenses, increases in contribution rates would be neither reasonable nor expected.
Withdrawal Liability	No assumption	Neill Supply, currently paying withdrawal liability, will continue paying it in full. APA and New Penn are assumed to pay their quarterly payments starting January 2022 with a 50% chance of collectability. Serviceforce is assumed to pay its quarterly payments when its last employee terminates/retires with a 50% chance of collectability.	The plan became insolvent in the plan year beginning 3/1/2020, and no further cashflow projections were done making an assumption for withdrawal liability collections unnecessary. Assumption in (B) better reflects reasonable expectations.