

NOTICE OF FAILURE TO MAKE ADDITIONAL CONTRIBUTIONS UNDER ERISA 4062(e)(4)

PBGC Form 4062(e)-04
Approved OMB # 1212-____
Expires __/__/20__

This form is used to notify the Pension Benefit Guaranty Corporation of an employer's failure to make an additional contribution pursuant to ERISA section 4062(e)(4). For questions regarding this form, contact (202) 326-4070 or 4062e@pbgc.gov.

Filing date of related PBGC Form 4062(e)-01: __/__/____
Filing date of related PBGC Form 4062(e)-02: __/__/____

IDENTIFYING INFORMATION

Plan name _____ Name of authorized contact at filer _____
Name of filer _____ Title of contact _____
Street address of filer _____ Email address of contact _____
City, State, Zip _____ Street address of contact _____
EIN of contributing sponsor _____ Tax ID number _____ City, State, Zip _____
Telephone number of contact _____ Ext _____

CONTRIBUTION INFORMATION

Contribution due date: __/__/____ Contribution amount due: _____

Explain why contribution has not been paid. If additional space is needed, the explanation may be submitted as an attachment.

FILING INFORMATION

__/__/____
Notice due date

__/__/____
Notice filing date

If filing is late (i.e. notice filing date is after the notice due date), explain below. If additional space is needed, the explanation may be submitted as an attachment.

CERTIFICATION

I certify that, to the best of my knowledge and belief, the information submitted in this filing is true, correct, and complete. In making this certification, I recognize that knowingly and willfully making false, fictitious, or fraudulent statements to the PBGC is punishable under 18 U.S.C. § 1001.

Name and title of individual certifying form

Employer of individual certifying form

Email address of individual certifying form

Telephone number of individual certifying form

Signature of individual certifying form

Date signed

Proposed