

▶1 Name of plan:

| | | |
|--|-------------|----------------|
| ▶2 EIN/PN (as reported in most recent premium filing): | 9-digit EIN | 3-digit PN |
| ▶3 Date of plan termination: | | MM / DD / YYYY |
| ▶4 Number of participants as of the day before the termination date in item 3 above: | | |
| ▶5 Premium rate (enter \$1,250 unless the special airline rule applies — see instructions): | | |
| ▶6 Amount of premium (participant count from item 4 above times premium rate from item 5 above): | | |

▶7 Which termination premium payment is this:

First
 Second
 Third

▶8 Name and address of filer (must be a person liable for the termination premium):

▶9 Attach a list showing the name and address of each person (other than the filer) that is liable for the termination premium and that is in existence on the filing date.

▶10 Signature (of or for filer)

Print name of person who signs

Title of person who signs

Telephone number

Date