

ADVANCE NOTICE OF REPORTABLE EVENTS

PBGC Form 10-Advance OMB Control No. 1212-0013 Expires 05/31/2027

This form is for <u>illustrative purposes only.</u> Form 10-Advance information should be submitted to PBGC using the e-filing portal: efilingportal.pbgc.gov. For questions regarding this form, contact (202) 229-4070 or advancereport@pbgc.gov.

IDENTIFYING INFORMATION	
Plan Name	Name / title of individual to contact at Filer
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Name of contributing sponsor	Email address of contact
Street address of contributing sponsor	Street address of contact
City, state, Zip	City, State, Zip
EIN of contributing sponsor Plan number	Telephone number of contact Ext
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REPORTABLE EVENTS See instructions for descriptions for	tions of these events. Check all boxes that apply.
☐ Change in controlled group	Application for minimum funding waiver
Liquidation	Loan Default
Extraordinary dividend or stock redemption	Insolvency or similar settlement
Transfer of benefit liabilities	
BRIEF DESCRIPTION Briefly describe the pertine	ent facts relating to each event.

The next page lists additional information that must be submitted with this form, if not included above.

INFORMATION REQUIRED TO BE FILED

the waiver) including all details supporting the calculations and all assumptions, to the extent not included in the waiver application

Check box to indicate the item is attached. If not attached, explain on next page.

Change in Controlled Group	Transfer of Benefit Liabilities
Description of the plan's old and new controlled group structures, including the name of each controlled group member	Name, contributing sponsor, EIN/PN, and contact information of transferee plan(s)
Name of each plan maintained by any member of the plan's old and new controlled groups, its contributing sponsor(s) and EIN/PN	 Description of the transferor and transferee's controlled group structures, including the name of each controlled group member Explanation of the actuarial assumptions used in
Actuarial Information (see instructions)	determining the value of benefit liabilities (and, if appropriate, plan assets) transferred
Company financial information (see instructions)	Estimate of the assets, liabilities, and number of participants whose benefits are transferred
Liquidation	Actuarial Information (see instructions)
 Description of the plan's old and new controlled group structure, including the name of each controlled group member Operational status of each controlled group member (in Chapter 7 proceedings, liquidation outside of bankruptcy, on-going, etc.) 	Financial Information for the transferor and transferee's controlled group (see instructions) Note: To the extent this information is filed with the IRS Form 5310A, PBGC will accept a copy of that filing. Loan Default
Name of each plan maintained by any number of the plan's controlled group, its contributing sponsor(s) and EIN/PN	Copy of the relevant loan documents (e.g., promissory note, security agreement, loan agreement amendments
Actuarial Information (see instructions)	and waivers) Due date and amount of any missed payment
Company financial information (see instructions)	Copy of any written notice of default or acceleration from
If the plan sponsor resolves to cease all revenue-generating business operations, sell substantially all its assets, or otherwise effect or implement its complete liquidation, provide:	lender, any notice of forbearance, or loan agreement amendment or waiver Description of any cross-defaults or anticipated cross-defaults
Date on which such resolution was madeMost recent pension plan document(s)	 Description of the plan's controlled group structure, including the name of each controlled group member
 Address of each controlled group member The Internal Revenue Service Determination Letter indicating the plan is a covered plan, if applicable 	Company financial Information (see instructions)Actuarial Information (see instructions)
Extraordinary Dividend or Stock Redemption	Insolvency or Similar Settlement
Name and EIN of person making the distribution	Name, address and phone number of any trustee, receiver or similar person
 Date and amount of cash distribution(s) during fiscal year Description, fair market value, and date or dates of any non-cash distributions 	Docket number of court filing and location of the court where any relevant proceeding was or will be filed (if known)
Statement whether the recipient was a member of the plan's controlled group	Description of the plan's controlled group structure, including the name of each controlled group member
Actuarial Information (see instructions) Company financial information (see instructions)	Name of each plan maintained by any member of the plan's controlled group, its contributing sponsor(s) and EIN/PN
	Actuarial Information (see instructions)
Application for Minimum Funding Waiver	Company financial Information (see instructions)
Copy of waiver application, with all attachments Minimum funding projections for the next 5 years (with and without	
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If all the required information has not been submitted with this Form 10-Advance, you must explain below.

FILING INFORMATION	
Date of Event	Notice Due Date
Notice Filing Date (if late, explain below)	Filing Extension Claimed (if any, explain below)
REASON FOR LATE FILING OR EXTENSION CLA	AIMED If filing late or extension is claimed, explain below.
CERTIFICATION	
I certify that, to the best of my knowledge and belief, the info	ormation submitted in this filing is true, correct, and complete. In making this false, fictitious, or fraudulent statements to the PBGC is punishable under 18
Signature of Individual Submitting Form	Name and Title of Individual Submitting Form
Telephone Number of Individual Submitting Form	Employer of Individual Submitting Form