



ADVANCE NOTICE OF REPORTABLE EVENTS

PBGC Form 10-Advance
OMB #1212-0013
Expires 02/28/2022

This form is used by a contributing sponsor of a single-employer plan required to notify the Pension Benefit Guaranty Corporation in advance that a reportable event will occur. For questions regarding this form, contact (202) 326-4070 or advancereport@pbgc.gov.

IDENTIFYING INFORMATION

Plan Name	Name / title of individual to contact at Filer															
Name of contributing sponsor	Email address of contact															
Street address of contributing sponsor	Street address of contact															
City, state, Zip	City, State, Zip															
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				Telephone number of contact	Ext
EIN of contributing sponsor	Plan number															

REPORTABLE EVENTS

See instructions for descriptions of these events. Check all boxes that apply.

- | | |
|---|---|
| <input type="checkbox"/> Change in contributing sponsor or controlled group | <input type="checkbox"/> Application for minimum funding waiver |
| <input type="checkbox"/> Liquidation | <input type="checkbox"/> Loan Default |
| <input type="checkbox"/> Extraordinary dividend or stock redemption | <input type="checkbox"/> Insolvency or similar settlement |
| <input type="checkbox"/> Transfer of benefit liabilities | |

BRIEF DESCRIPTION

Briefly describe the pertinent facts relating to each event.

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

ADDITIONAL INFORMATION TO BE FILED

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

Change in Contributing Sponsor or Controlled Group

- Description of the plan's old and new controlled group structures, including the name of each controlled group member
- Name of each plan maintained by any member of the plan's old and new controlled groups, its contributing sponsor(s) and EIN/PN
- Actuarial Information (see instructions)
- Financial Information (see instructions)

Liquidation

- 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.)
- Name of each plan maintained by any number of the plan's controlled group, its contributing sponsor(s) and EIN/PN
- Actuarial Information (see instructions)
- Financial Information (see instructions)
- If the plan sponsor is expected to cease or has ceased substantially all operations provide:
 - Date on which substantially all operations are expected to cease or have ceased
 - Most recent pension plan document(s)
 - Address of each controlled group member
 - The Internal Revenue Service Determination Letter indicating the plan is a covered plan, if applicable

Extraordinary Dividend or Stock Redemption

- Name and EIN of person making the distribution
- Date and amount of cash distribution(s) during fiscal year
- Description, fair market value, and date or dates of any non-cash distributions
- Statement whether the recipient was a member of the plan's controlled group
- Actuarial Information (see instructions)
- Financial Information (see instructions)

Application for Minimum Funding Waiver

- Copy of waiver application, with all attachments
- Minimum funding projections for the next 5 years (with and without the waiver) including all details supporting the calculations and all assumptions, to the extent not included in the waiver application

Transfer of Benefit Liabilities

- Name, contributing sponsor, EIN/PN, and contact information of transferee plan(s)
- 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 determining the value of benefit liabilities (and, if appropriate, plan assets) transferred
- Estimate of the assets, liabilities, and number of participants whose benefits are transferred
- Actuarial Information (see instructions)
- 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

- Copy of the relevant loan documents (e.g., promissory note, security agreement, loan agreement amendments and waivers)
- Due date and amount of any missed payment
- Copy of any written notice of default or acceleration from lender, any notice of forbearance, or loan agreement amendment or waiver
- Description of any cross-defaults or anticipated cross-defaults
- Description of the plan's controlled group structure, including the name of each controlled group member
- Financial Information (see instructions)
- Actuarial Information (see instructions)

Insolvency or Similar Settlement

- Name, address and phone number of any trustee, receiver or similar person
- Docket number of court filing and location of the court where any relevant proceeding was or will be filed (if known)
- Description of the plan's controlled group structure, including the name of each controlled group member
- 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)
- Financial Information (see instructions)

MISSING INFORMATION

If required information has not been submitted with this Form 10-Advance, 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

If filing late or extension is claimed, explain below.

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.

Signature of Individual Submitting Form

Name and Title of Individual Submitting Form

Telephone Number of Individual Submitting Form

Employer of Individual Submitting Form