A filing was previously submitted for the plan year shown. Consider whether the "amended filing" box should be checked or whether the plan year commencing (PYC) date should be updated.

Premium is for plan year commencing: 1/1/2019  
Premium is for plan year ending: 12/31/2019

If the plan year commencement date has changed since the most recent PBGC filing as a result of a plan amendment changing the plan year, enter the date the plan year change was adopted.

MM/DD/YYYY

☐ This is an amended filing

☐ Multiemployer plan  
☐ Single-employer plan  
(Includes Multiple-employer plan)

Comprehensive Premium Filing

Proration
☐ Check box if plan qualifies to pay a prorated premium for this premium payment year.

Plan size
For the premium payment year, is the plan a "small" plan?  
☐ Yes  ☐ No
Enter Filing Information

The business code does not appear to be valid. Please verify and change the entry if appropriate.

6-digit business code: 5996

First 6 digits of CUSIP number: ex. 111111

Disaster Relief (enter code): ex. CA.2019.01

(For Disaster Relief Announcements, click here)

Is the plan administrator’s address in the disaster area covered by the applicable IRS News Release? ☐ Yes ☐ No

If No, Enter the information below as it relates to the person affected by the disaster:

Name:

Role:

Address 1:

Address 2:

City: State: [Select a state] Zip:
Is this plan exempt from the Variable-rate Premium?

☑ No.

☐ Yes, because the plan is a new or newly covered small plan other than a continuation plan.

☐ Yes, because the plan is undergoing a standard termination with a final distribution during the premium payment year.

☐ Yes, because the plan is undergoing a standard termination with a proposed termination date in a prior year

Proposed termination date: MM/DD/YYYY

☐ Yes, because the plan has no vested participants.

☐ Yes, because the plan is a 412(c)(3) plan.
# Enter Plan Sponsor and Administrator Information

## Plan Sponsor Information

**Name:** SPECIAL NON-PREMIUM TRANSACTIONS

## Plan Administrator Information

**Name:** Eira Wiegand  
**Country:** United States

**Address:**

**City:**  
**State:**  
**Zip:**

**Contact Person**

**Name (for "attention" line of mailings):** C. HARPER/3 CALLAHAN

**Phone:** 202-326-4000  
**Ext:** ex. 11111

**E-mail:** ex. aa@a.com

**Alternate phone number for insured Plans List on pbgc.gov:**

**Alternative Phone:** ex. 11111111  
**Ext:** ex. 11111

## Additional Plan Contact (optional)

**Name:**

**Phone:** ex. 111-111-1111  
**Ext:** ex. 11111

**E-mail:** ex. aa@a.com
Calculate Premium Due

Flat-rate Premium

Participant Count Date: MM/DD/YYYY

Single-employer Flat-rate: $0.00

Participant Count as of Participant Count Date:

Active: ex. 1,111,111

terminated Vested: ex. 1,111,111

Retirees and Beneficiaries: ex. 1,111,111

Total Participant Count = $0.00 Calculate

Variable-rate Premium

Alternative Premium Funding Target Election or Revocation

☐ Election - Check box to elect to use the Alternative Premium Funding Target instead of the Standard Premium Funding Target. The election will be effective — and the plan will be required to use the Alternative Premium Funding Target — beginning with this premium payment year and for all subsequent plan years unless and until the election is subsequently revoked.

☐ Revocation - Check box to revoke a prior election to use the Alternative Premium Funding Target. The revocation will be effective — and the plan will be required to use the Standard Premium Funding Target — beginning with this premium payment year and for all subsequent plan years unless and until a new election is subsequently made.

Note - Elections or Revocations must remain in place for at least five years.

Small employer VRP cap qualification

If this plan qualifies for the small employer cap applicable to certain plans of small employers (those with 25 or fewer employees), select one of the following statements:

☐ The plan is reporting unfunded vested benefits (UVBs), so that My PAA can determine which is less: the VRP based on UVBs or the maximum VRP.

☐ The plan is not reporting UVB information, and instead, will pay the maximum VRP without regard to whether the VRP would be lower if the exact calculation was done.
Calculate Variable-rate Premium

Assumptions and methods used to determine premium funding target

Premium funding target method:  ○ Standard  ○ Alternative

UVB valuation date:  12/31/2018

Discount rates

○ Segment rates

1st segment:  ex. 1.11%

2nd segment:  ex. 1.11%

3rd segment:  ex. 1.11%

○ N/A, full yield curve used

Premium funding target as of UVB valuation date

☐ Check box if the reported premium funding target information is an estimate.

Attributable to active participants:  $  1,000

Attributable to terminated vested participants: $  ex. 1,111

Attributable to survivors and beneficiaries receiving payment:  $  ex. 1,111

Total premium funding target:  $1,000  Calculate

Market value of assets as of UVB valuation date:

$  ex. 1,111

Unfunded Vested Benefits rounded to the next $1,000:  $1,000  Calculate
Variable-rate Premium Due

Instructions

Uncapped variable-rate premium: $43.00
MAP-21 cap: $18,230.00
Variable-rate premium: $43.00

Calculate Total Premium Payment

Instructions

Flat-rate Premium: $2,400.00
Variable-rate Premium: $43.00
Total Premium: $2,443.00

Premium Credit

Payments made previously for this premium payment year: $ 1,111,111,11
Outstanding credit from the plan year immediately preceding the premium payment year: $ 0.00
Total Premium Credit: $ 0.00
Amount Due: $2,443.00
Report Miscellaneous Information

Final Filing
If this is the last filing for this plan, enter the date of event and select the reason that best describes why filing obligation is ceasing:

- Merge/Consolidation
- Trusteehip
- Distribution pursuant to termination
- Cessation of covered status

Explanation for Cessation of covered status
4000/4000 characters remaining

Limit 4,000

Participation Freeze
If, as of the beginning of the premium payment year, this plan is closed to new entrants, enter the date the plan became closed to new entrants:

Accrual Freeze
If, as of the beginning of the premium payment year, benefit accruals under this plan are partially or totally frozen, enter the date the freeze became effective and select the reason that best describes the nature of the freeze:

- For all participants, both pay and service are frozen
- For some participants, both pay and service are frozen
- For all participants, service is frozen, pay is not
- For some participants, service is frozen, pay is not
- Other (enter explanation)

4000/4000 characters remaining

Limit 4,000
Risk Transfer Activity

Do not complete this item if this is the last filing for this plan.

a. Lump sum windows: If the plan provided one or more lump sum windows during the prior premium payment year, report the number of participants eligible to elect a lump sum under all such windows and the number of participants who elected a lump sum:

(1) Participants not in pay status when lump sum was offered:
   Eligible to elect lump sum: [ ]
   Elected lump sum: [ ]

(2) Participants in pay status when lump sum was offered:
   Eligible to elect lump sum: [ ]
   Elected lump sum: [ ]

b. Annuity purchases: If the plan purchased annuities for a group of participants during the prior premium payment year, report the number of participants for whom an annuity was purchased:

(1) Participants not in pay status when annuity was purchased:
   [ ]

(2) Participants in pay status when annuity was purchased:
   [ ]

Report Transfers From Other Plans

Transfers from other plans — If another plan transferred assets or liabilities to this plan since the most recent comprehensive premium filing, provide the following information with respect to each plan from which the assets or liabilities were transferred (if transfer involved a new or non-gray-covered plan, see instructions).

Instructions:

- Select the column for the type of transfer:
  - Merger
  - Consolidation
  - Spinoff
  - Other

- Add more rows as needed.

< Back  Cancel  Continue >  Save & Exit Filing
Report Transfers To Other Plans

Transfers to other plans — If this plan transferred assets or liabilities to another plan since the most recent comprehensive premium filing, provide the following information with respect to each plan to which the assets or liabilities were transferred (if transfer involved a new or newly-covered plan, see instructions).

<table>
<thead>
<tr>
<th>EIN</th>
<th>PN</th>
<th>Date of Transfer</th>
<th>Type of transfer</th>
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<tbody>
<tr>
<td>(ex. 11-1111111)</td>
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<td></td>
<td>Mergers, Consolidation, Spinoff, Other</td>
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</tr>
</tbody>
</table>

> Clear all rows

> Add more rows