

Application for Determination Upon Termination

OMB No. 1545-0202
Expires 4-30-94

(Under section 401(a) of the Internal Revenue Code)

For Agency Use Only

Department of the Treasury
Internal Revenue Service

User fee must be attached to this application. (See Instruction B—What To File.)

You must file both the copy of page 1 printed in red ink and the duplicate page 1 of this application. The page 1 printed in red ink is read by the computer and all the information filled in must be typed in either 10 pitch type, Elite type, Courier 12 type, or Titan 12 type. If you wish to computer generate this form, contact your key district office for more information.

Review the Procedural Requirements Checklist before submitting this application.

1a Name of plan sponsor (employer if single-employer plan) _____

Address (number, street, room or suite no.) (If a P.O. box, see page 2 of the instructions.) _____

City _____ State _____ ZIP code _____

1b Employer identification number _____

1c Employer's tax year ends—N/A or (MM) _____

1d Telephone number () _____

2 Person to be contacted if more information is needed. (See instructions, "Disclosure Requested by Taxpayers.") (If same as 1a, leave blank.) (Complete even if Power of Attorney is attached):

Name _____

Address (number and street) _____

City _____ State _____ ZIP code _____ Telephone number () _____

3a Have interested parties (as defined in Treasury Regulations section 1.7476-1) been given the required notification of this application? Yes No

b If "a" is "Yes," enter date of notification (MMDDYY) Date

c Has the plan received a determination letter? If "Yes," attach a copy of the latest letter Yes No

d If "c" is "Yes," has the plan been amended since the last determination letter? If "Yes," attach a copy of the amendment(s) in addition to a copy of the plan documents. Yes No

e Does the plan have a cash or deferred arrangement (section 401(k)) or employee matching contributions (section 401(m))? Yes No

4a Name of Plan (Plan name may not exceed 66 characters.): _____

b Enter plan number (3 digits) _____

c Enter date plan year ends (MMDD) _____

d Enter date plan effective (MMDDYY) _____

e Enter number of participants in plan _____

5a If this is a defined benefit plan, enter the appropriate number at left.

Enter 1 for unit benefit Enter 3 for flat benefit

Enter 2 for fixed benefit Enter 4 for other (specify) _____

b If this is a defined contribution plan, enter the appropriate number at left.

Enter 1 for profit sharing Enter 4 for target benefit

Enter 2 for stock bonus Enter 5 for ESOP

Enter 3 for money purchase Enter 6 for other (specify) _____

6a Is the employer a member of an affiliated service group?

Enter 1 if "Yes" Enter 2 if "No" Enter 3 if "Not Certain"

b Is the employer a member of a controlled group of corporations or a group of trades or businesses under common control?

Enter 1 if "Yes" Enter 2 if "No"

7 Enter type of plan:

Enter 1 if governmental plan or church plan not subject to ERISA

Enter 2 if multiple employer plan (described in section 413(c)). Enter number of participating employers _____

Enter 3 if other

8 Attach copies of records of all actions taken to terminate the plan (see instructions).

a Proposed date of plan termination (MMDDYY) _____

b Will funds be distributed as soon as administratively feasible? Yes No

c Will any funds be, or have any funds been, returned to the employer? (See specific instructions.) Yes No

If "Yes," enter the estimated amount ▶ _____

Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief it is true, correct, and complete. **Both copies of this page must be signed.**

Signature ▶ _____ Title ▶ _____ Date ▶ _____

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1a Name of plan sponsor (employer if single-employer plan) _____ **1b** Employer identification number _____
 < _____ >
 Address (number, street, room or suite no.) (If a P.O. box, see page 2 of the instructions.) _____ **1c** Employer's tax year ends—N/A or (MM) _____
 < _____ >
 City _____ State _____ ZIP code _____ **1d** Telephone number _____
 < _____ > < _____ > < _____ > > () _____

2 Person to be contacted if more information is needed. (See instructions, "Disclosure Requested by Taxpayers.") (If same as 1a, leave blank.) (Complete even if Power of Attorney is attached):
 Name _____
 < _____ >
 Address (number and street) _____
 < _____ >
 City _____ State _____ ZIP code _____ Telephone number _____
 < _____ > < _____ > < _____ > > () _____

3a Have interested parties (as defined in Treasury Regulations section 1.7476-1) been given the required notification of this application? Yes < > No < >
b If "a" is "Yes," enter date of notification (MMDDYY) Date < >
c Has the plan received a determination letter? If "Yes," attach a copy of the latest letter Yes < > No < >
d If "c" is "Yes," has the plan been amended since the last determination letter? If "Yes," attach a copy of the amendment(s) in addition to a copy of the plan documents. Yes < > No < >
e Does the plan have a cash or deferred arrangement (section 401(k)) or employee matching contributions (section 401(m))? Yes < > No < >

4a Name of Plan (Plan name may not exceed 66 characters.): _____ >
 < _____ > **b** Enter plan number (3 digits) _____ **d** Enter date plan effective (MMDDYY) _____
 < _____ > **c** Enter date plan year ends (MMDD) < _____ > **e** Enter number of participants in plan _____

5a If this is a defined benefit plan, enter the appropriate number at left.
 < _____ > Enter 1 for unit benefit Enter 3 for flat benefit
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6a Is the employer a member of an affiliated service group?
 < _____ > Enter 1 if "Yes" Enter 2 if "No" Enter 3 if "Not Certain"
b Is the employer a member of a controlled group of corporations or a group of trades or businesses under common control?
 < _____ > Enter 1 if "Yes" Enter 2 if "No"

7 Enter type of plan:
 < _____ > Enter 1 if governmental plan or church plan not subject to ERISA
 Enter 2 if multiple employer plan (described in section 413(c)). Enter number of participating employers _____
 Enter 3 if other _____

8 Attach copies of records of all actions taken to terminate the plan (see instructions).
a Proposed date of plan termination (MMDDYY) < _____ >
b Will funds be distributed as soon as administratively feasible? Yes < > No < >
c Will any funds be, or have any funds been, returned to the employer? (See specific instructions.). Yes < > No < >
 If "Yes," enter the estimated amount ▶ < _____ >

Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief it is true, correct, and complete. **Both copies of this page must be signed.**

Signature ▶ _____ Title ▶ _____ Date ▶ _____

| | | Total number | Amount of monthly benefits as of the most recent payment date | | |
|-----------|--|--------------|---|--|--|
| 14 | Summary of participants or claimants by category: | | | | |
| a | Retirees and beneficiaries (including disability retirees) receiving benefits | | | | |
| b | Active participants eligible for normal retirement | | [Hatched Area] | | |
| c | Active participants eligible for early (but not normal) retirement | | | | |
| d | Active participants vested before termination (other than normal or early retirement) | | | | |
| e | All other active participants | | | | |
| f | Participants separated from service with deferred vested benefits | | | | |
| g | Total (Add items a through f) | | | | |
| 15 | Miscellaneous: | | | | |
| a | As a result of the termination, are accrued benefits or account balances nonforfeitable as required under section 411(d)(3)? | | | | |
| b | If annuity contracts are distributed on plan termination, are the applicable consent, present value, waiver and other rights and benefits protected by sections 401(a)(11) and 417 included in the annuity contracts? | | | | |
| c | Do the accrued benefits for each participant upon termination include the subsidized benefits that the participant may become entitled to receive subsequent to the termination? (See instructions.) | | | | |
| d | Were any funds contributed in the form of, or invested in, obligations or property of the employer or any group of corporations or group of trades or businesses under common control? | | | | |
| e | Will distribution include property other than cash? | | | | |
| f | If a defined benefit or money purchase plan, do you estimate there will be an accumulated funding deficiency as of the end of the plan year during which the proposed termination date occurs if no additional plan contributions are made? | | | | |
| | If "Yes," complete the following: | | | | |
| | (i) Estimated accumulated funding deficiency \$ | | | | |
| | (ii) Was a Form 5330 filed? | | | | |
| | (iii) Was a waiver granted? | | | | |
| | (iv) Have you attached a copy of Form 5330 or an approved waiver? | | | | |
| g | (i) If there are unallocated funds which can be reallocated to participants without exceeding the limitations of section 415, have these funds been reallocated? | | | | |
| | (ii) If (i) is "Yes," did the plan originally contain a provision allowing this allocation? | | | | |
| | (iii) If (ii) is "No," was the plan amended to provide for this allocation? | | | | |
| h | If any funds will be or have been returned to the employer, complete (i) through (x) below, if applicable. | | | | |
| | (i) Has the terminating plan been involved in a spinoff or other transfer of assets or liabilities, subject to Code section 414(l), within 60 months preceding the proposed date of termination? If "Yes," attach a list and an explanation of the transaction(s) involved | | | | |
| | (ii) Was proper notice filed with IRS? | | | | |
| | (iii) Was the only transaction in (i) above, a transfer of assets before any employer reversions? | | | | |
| | (iv) If (i) is "Yes," answer (A) and (B): | | | | |
| | (A) Are the accrued benefits of all participants, in the other plan(s) included in (i), fully vested and nonforfeitable as of the date of this plan termination? (See instructions.) | | | | |

18 Statement of net assets available to pay benefits as of the proposed date of plan termination.

All "Other" items must be fully explained in an attachment.

| Assets | | At proposed date of termination |
|--------------------|---|-----------------------------------|
| a | Total noninterest-bearing cash ▶ | a |
| b | Receivables: | |
| | (1) Employer contributions | b(1) |
| | (2) Participant contributions | (2) |
| | (3) Income | (3) |
| | (4) Other | (4) |
| | (5) Allowance for doubtful accounts | (5) () |
| | (6) Total Add items (1) through (4) and subtract (5) ▶ | (6) |
| c | General Investments: | |
| | (1) Interest-bearing cash (including money market funds) | c(1) |
| | (2) Certificates of deposit | (2) |
| | (3) U.S. Government securities | (3) |
| | (4) Corporate debt instruments: | |
| | (A) Preferred | (4)(A) |
| | (B) All other | (4)(B) |
| | (5) Corporate stocks: | |
| | (A) Preferred | (5)(A) |
| | (B) Common | (5)(B) |
| | (6) Partnership/joint venture interests | (6) |
| | (7) Real estate: | |
| | (A) Income-producing | (7)(A) |
| | (B) Nonincome-producing | (7)(B) |
| | (8) Loans (other than to participants) secured by mortgages: | |
| | (A) Residential | (8)(A) |
| | (B) Commercial | (8)(B) |
| | (9) Loans to participants: | |
| | (A) Mortgages | (9)(A) |
| | (B) Other | (9)(B) |
| | (10) Other loans | (10) |
| | (11) Value of interest in registered investment companies | (11) |
| | (12) Value of funds held in insurance company general account (unallocated contracts) | (12) |
| | (13) Other | (13) |
| | (14) Total Add items c(1) through c(13) ▶ | (14) |
| d | Employer-related investments: | |
| | (1) Employer securities ▶ | d(1) |
| | (2) Employer real property ▶ | (2) |
| e | Buildings and other property used in plan operation ▶ | e |
| f | Total assets Add items a, b(6), c(14), d(1), d(2), and e ▶ | f |
| Liabilities | | |
| g | Benefit claims payable | g |
| h | Operating payables | h |
| i | Acquisition indebtedness | i |
| j | Other liabilities | j |
| k | Total liabilities Add items g through j ▶ | k |
| Net Assets | | |
| l | Net assets Subtract item k from item f ▶ | l |

Procedural Requirements Checklist

This checklist identifies certain basic data required to process your application. The checklist specifies items that **MUST** be included with your application. All applications are screened by computer. Failure to include a required item will result in the return of the application to you.

| | Yes | No |
|---|--------------------------|--------------------------|
| a Have you attached Form 6088 , Distributable Benefits from Employee Pension Benefit Plans? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Have you attached the appropriate user fee and Form 8717 , User Fee for Employee Plan Determination Letter Request? | <input type="checkbox"/> | <input type="checkbox"/> |
| c Have you attached a copy of the plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| d Have you attached a copy of amendments, if any? | <input type="checkbox"/> | <input type="checkbox"/> |
| e Have you attached a copy of your plan's latest Determination Letter? | <input type="checkbox"/> | <input type="checkbox"/> |
| f Have you signed and submitted both copies of page 1 of the application? | <input type="checkbox"/> | <input type="checkbox"/> |
| g Have you entered the plan sponsor's 9-digit employer identification number on line 1b? | <input type="checkbox"/> | <input type="checkbox"/> |
| h Have you attached Form 2848 , Power of Attorney and Declaration of Representative? (See instructions, "Disclosure Requested by Taxpayers," on page 1 of the separate instructions.) | <input type="checkbox"/> | <input type="checkbox"/> |
| i Have you entered the effective date of the plan in line 4d? | <input type="checkbox"/> | <input type="checkbox"/> |
| j Controlled groups and affiliated service groups—Have you attached the information requested in the instructions for lines 6a and b of the application? | <input type="checkbox"/> | <input type="checkbox"/> |
| k Multiple-employer plans—Have you attached a Form 6088 for each employer who adopts the plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| l Have you attached copies of all records of all actions taken to terminate the plan? | <input type="checkbox"/> | <input type="checkbox"/> |