

Notice of Merger, Consolidation or Transfer of Plan Assets or Liabilities

(Under section 6058(b) of the Internal Revenue Code)
File Form 5310-A in duplicate.

See the Who Must File instructions before filing this form.

OMB No. 1545-1225
Expires 4-30-94

For Agency Use Only

Department of the Treasury
Internal Revenue Service

The information provided on this form will be read by computer. Therefore page 1 must be typed (except the signature). Please enter information exactly as requested and only in the space provided. Do not type in shaded areas.

- 1a** Name of plan sponsor (employer if single-employer plan) _____
Address (number, street, room, or suite no. (If a P.O. box, see page 1 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. (If same as 1a, leave blank.)
(Complete even if Power of Attorney is attached):
Name _____
Address (number, street, room, or suite no. (If a P.O. box, see page 1 of the instructions)) _____
City _____ State _____ ZIP code _____ Telephone number _____
() _____
- 3a** 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 _____
- 4a** If this is a defined benefit plan, enter the appropriate number in box at left **AND** attach an actuarial statement of valuation showing compliance with the requirements of Code section 401(a)(12) and the regulations under section 414(l).
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 in box at left **AND** attach an actuarial statement of valuation showing compliance with the requirements of Code section 401(a)(12) and the regulations under section 414(l).
Enter 1 for profit sharing Enter 4 for target benefit
Enter 2 for stock bonus Enter 5 for other (specify) _____
Enter 3 for money purchase
- 5a** 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"
- 6** 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
- 7** Other plan(s) involved in transaction (see instructions):
a Plan name _____
b Name of employer _____
c Employer Identification number _____ **d** Plan number (3 digits) _____
e Date of merger, consolidation or transfer (MMDDYY) _____
f Type of plan . Enter the number to indicate type of plan: **1** defined benefit, **2** 401(k) arrangement,
3 ESOP **4** money purchase, or **5** Other.

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 ►

For Paperwork Reduction Act Notice, see page 1 of the instructions.

Cat. No. 12783Y

Form **5310-A** (5-91)

< 5310-A >
< 5/91 >

Notice of Merger, Consolidation or Transfer of Plan Assets or Liabilities

(Under section 6058(b) of the Internal Revenue Code)

File Form 5310-A in duplicate.

See the Who Must File instructions before filing this form.

OMB No. 1545-1225
Expires 4-30-94

For Agency Use Only

Department of the Treasury
Internal Revenue Service

The information provided on this form will be read by computer. Therefore page 1 must be typed (except the signature). Please enter information exactly as requested and only in the space provided. Do not type in shaded areas.

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 1 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. (If same as 1a, leave blank.)
(Complete even if Power of Attorney is attached):
Name
< _____ >
Address (number, street, room, or suite no. (If a P.O. box, see page 1 of the instructions))
< _____ >
City State ZIP code Telephone number
< _____ > () _____

3a 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

4a If this is a defined benefit plan, enter the appropriate number in box at left **AND** attach an actuarial statement of valuation showing compliance with the requirements of Code section 401(a)(12) and the regulations under section 414(l).
< _____ > 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 in box at left **AND** attach an actuarial statement of valuation showing compliance with the requirements of Code section 401(a)(12) and the regulations under section 414(l).
< _____ > Enter 1 for profit sharing Enter 4 for target benefit
Enter 2 for stock bonus Enter 5 for other (specify) _____
Enter 3 for money purchase

5a 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"

6 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

7 Other plan(s) involved in transaction (see instructions):
a Plan name < _____ >
b Name of employer < _____ >
c Employer Identification number < _____ > **d** Plan number (3 digits) < _____ >
e Date of merger, consolidation or transfer (MMDDYY) < _____ >
f Type of plan < _____ > . Enter the number to indicate type of plan: **1** defined benefit, **2** 401(k) arrangement, **3** ESOP **4** money purchase, or **5** Other.

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 ▶

For Paperwork Reduction Act Notice, see page 1 of the instructions.

Cat. No. 12783Y

Form **5310-A** (5-91)