



Standard Termination Notice Single-Employer Plan Termination

PBGC Form 500

Approved OMB 1212-0036
Expires 3/31/2026

PART I.		IDENTIFYING INFORMATION	
1a	Plan Name	1b	Last day of plan year
2a	Contributing Sponsor's name and address (Address should include room or suite no.)	2b	Sponsor's telephone number
		2c	9-digit employer identification number (EIN)
		2d	3-digit plan number (PN)
2e	If you used a different EIN or PN for this contributing sponsor/plan in previous filings with the PBGC, also show the number(s) previously reported	2f	6-digit business code
3a	Plan Administrator's name and address (if same as 2a, enter "same") (Address should include room or suite no.)	3b	Plan Administrator's telephone number
		3c	E-mail address (optional)
3d	Name and address of person to be contacted for more information (if same as 3a, enter "same") (Address should include room or suite no.)	3e	Telephone number
		3f	E-mail address (optional)
PART II.		GENERAL PLAN INFORMATION	
4a	Have you filed, or will you file, with the Internal Revenue Service for a determination letter on the termination of this plan?	Yes No	4b If "Yes" to 4a, enter the filing date: (MM/DD/YYYY)
5a	Is this a multiple-employer plan?	Yes No	5b If "Yes" to 5a, attach a list of the names and employer identification numbers of all contributing sponsors
6	Reason for plan termination. If more than one reason for the termination (considering (1) - (12) and c.), see instructions.		
	a Plan related		
	(1) Plan administration too costly or complicated		6a(1)
	(2) Plan benefits too costly		6a(2)
	(3) Restructuring of retirement program (e.g. adoption of new plan, decision that defined benefit plan no longer meets employer objectives)		6a(3)
	(4) Retirement/illness/death of owner(s)		6a(4)
	b Business related		
	(5) Adverse business conditions		6b(5)
	(6) Sale of company/subsidiary/division (not involving bankruptcy or similar proceeding)		6b(6)
	(7) Company/subsidiary/division closed (not involving bankruptcy or similar proceeding)		6b(7)
	(8) Merger of company		6b(8)
	(9) Contributing sponsor acquired by another business		6b(9)
	(10) Another business acquired by contributing sponsor		6b(10)
	(11) Contributing sponsor reorganized (in bankruptcy or similar proceeding)		6b(11)
	(12) Contributing sponsor liquidated (in bankruptcy or similar proceeding)		6b(12)
	c Other (specify)		6c
7	Changes in contributing sponsor associated with plan termination (check all that apply)		
	a No change		7a
	b Sale of company/subsidiary/division (not involving bankruptcy or similar proceeding)		7b
	c Company/subsidiary/division closed (not involving bankruptcy or similar proceeding)		7c
	d Merger of company		7d
	e Contributing sponsor acquired by another business		7e
	f Another business acquired by contributing sponsor		7f
	g Contributing sponsor reorganized (in bankruptcy or similar proceeding)		7g
	h Contributing sponsor liquidated (in bankruptcy or similar proceeding)		7h

8	Number of plan participants and beneficiaries as of proposed termination date:		
	a Active participants	8a	
	b Retirees or beneficiaries receiving benefits	8b	
	c Separated vested participants entitled to benefits	8c	
	d Separated non-vested participants	8d	
e Total	8e		
9	Estimated percent of currently employed participants that are covered under the terminated plan that you expect to be covered under:		
	a No plan	9a	%
	b New or existing traditional defined benefit plan	9b	%
	c New or existing hybrid defined benefit plan, other than cash balance plan	9c	%
	d New or existing cash balance plan	9d	%
	e New or existing profit sharing plan	9e	%
	f New or existing 401(k) plan	9f	%
	g New or existing simplified employee plan	9g	%
	h Other new or existing defined contribution plan (specify)	9h	%

10	If the percent entered for item 9b, 9c or 9d is greater than zero, will the types of benefits under the new or existing defined benefit plan be substantially the same as under the terminating plan for all affected participants (currently employed participants that you expect will be covered under the new or existing defined benefit plan.)	Yes No
-----------	--	-----------

11a	Proposed termination date	(MM/DD/YYYY)
11b	Proposed termination date stated in notice of intent to terminate (if different from 11a) Attach copy of notice of intent to terminate.	(MM/DD/YYYY)
12a	Earliest date notices of intent to terminate issued to affected parties	(MM/DD/YYYY)
12b	Latest date notices of intent to terminate issued to affected parties	(MM/DD/YYYY)
13	Latest date notices of plan benefits issued to participants or beneficiaries Attach copies of sample notices of plan benefits; see instructions.	(MM/DD/YYYY)
14a	Has a formal challenge to the termination been initiated under an existing collective bargaining agreement?	Yes No N/A
14b	If "Yes" to 14a, attach a copy of the formal challenge and a statement describing the challenge.	
15	Have all PBGC premiums been paid to date?	Yes No

PART III. RESIDUAL PLAN ASSETS

16a	Will residual assets be returned to the employer as a result of this termination?	Yes No N/A
16b	If "No" or "N/A" to 16a, do not complete the rest of Part III; go to Part IV. If "Yes," enter the estimated amount:	\$
17a	Is there a plan provision permitting a reversion of residual assets to the employer	Yes, go to 17b No, go to 18a
17b	If "Yes" to 17a, was the provision adopted prior to 12/18/1988?	Yes, go to 18a No, go to 17c
17c	If "No" to 17b, enter:	
	(1) Adoption date:	(MM/DD/YYYY)
	(2) Effective date of plan:	(MM/DD/YYYY)
18a	Has the plan been involved in a spin-off/termination transaction?	Yes, go to 18b No, go to Part IV
18b	If "Yes" to 18a, have the requirements of the Guidelines been satisfied?	Yes, go to 18c No, go to 18d N/A, go to 18d
18c	If "Yes" to 18b, enter the dates for (1) and (2) and go to Part IV:	
	(1) latest date a description of the transactions(s) was issued to participants in the ongoing plan.	(MM/DD/YYYY)
	(2) latest date notices of plan benefits were issued to participants in the ongoing plan.	(MM/DD/YYYY)

18d If you checked "No" or "N/A" in 18b, attach a statement that describes the transaction(s) and explains why the Guidelines were not, or need not have been, followed.

PART IV. PLAN ADMINISTRATOR CERTIFICATION

I, the Plan Administrator, certify that, to the best of my knowledge and belief: (1) I am implementing the termination of the plan in accordance with all applicable laws and regulations; and (2) the information contained in this filing and made available to the Enrolled Actuary 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.**