

# SPECIAL TERMINAL REPORT FOR ABANDONED PLANS

This form is required to be filed under 29 CFR 2520.103-13 and 29 CFR 2578.1.

▶ Complete all entries in accordance with the instructions

**This Form is Open to  
Public Inspection**

## **Part I**      **General Information**

**A. Name of Plan:**

**B. Three-digit plan number (PN):**

**C. This report is for (check one):**

single-employer plan

multiemployer plan

multiple-employer plan

**D. Check all that apply (optional):**

401(k)

403(a)

403(b)

Profit Sharing Plan

ESOP

Stock Bonus Plan

Target Benefit Plan

Money Purchase Plan (other than Target Benefit)

Other: \_\_\_\_\_

**E.1.** Plan sponsor's name and last known address (include street or P.O. Box, city or town, state, and ZIP)

**E.2** Plan sponsor's telephone:

**E.3** Plan sponsor's EIN:

**F.1** Qualified termination administrator's (QTA) name and address (include street or P.O. Box, city or town, state, and ZIP)

**F.2** QTA's telephone:

**F.3** QTA's email:

**F.4** QTA's EIN:

**Under penalties of perjury, I declare that I have examined this report, including accompanying schedules, statements and attachments, and to the best of my knowledge and belief, it is true, correct and complete.**

**Sign  
Here**

**Signature of Qualified Termination  
Administrator**

**Date**

**Print or type name of individual  
signing as Qualified Termination  
Administrator**

<b>G.1</b> If the plan sponsor has filed for bankruptcy under Chapter 7 of the U.S. Bankruptcy Code, enter the bankruptcy trustee's name and mailing address (include street or P.O. Box, city or town, and ZIP code)	<b>Same as QTA</b>	<b>H.1</b> Trustee's telephone:
		<b>H.2</b> Trustee's email:
		<b>H.3</b> Trustee's EIN:
<b>I.</b> Total plan assets (as of the date of deemed termination):		\$
<b>J.</b> Total termination expenses paid by the QTA from plan assets:		\$
<b>K.</b> Total amount of distributions following date of deemed termination:		\$
<b>L.</b> Were there distributions to missing participants pursuant to 29 CFR 2578.1(d)(2)(vii)(B)?  <div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> </div>		
<b>M.</b> Total number of distributions:		
<b>N.</b> Total number of distributions to missing participants included in Line M:		
<b>O.</b> Did the plan have assets with no readily ascertainable value?  <div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> </div>		
If you answer yes to line O., complete Part III Assets with No Readily Ascertainable Value.		

Part II					
<b>Itemization of Expenses</b>					
(If insufficient space, add schedule as described in instructions.)					
(a) Service Provider Name	(b) Service Provider EIN	(c) Amount Received	(d) Estimated Amount from NOI	(e) Description of Expense	(f) Relationship to QTA

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<b>Part III Assets with No Readily Ascertainable Value</b>				
<b>Asset Class</b>	<b>Yes</b>	<b>No</b>	<b>Value</b>	<b>Method of Valuation</b>
(a) Partnership/joint venture interests				
(b) Employer real property				
(c) Real estate (other than (b))				
(d) Employer securities				
(e) Participant loans				
(f) Loans (other than (e))				
(g) Tangible personal Property				
(h) Other Specify:				