Department of the Treasury
Internal Revenue Service

Pension Benefit
Guaranty Corporation

Instructions for Form 5310

(Revised July 1985)

Application for Determination Upon Termination; Notice of Merger, Consolidation, or Transfer of Plan Assets or Liabilities; Notice of Intent To Terminate

(Section references are to the Internal Revenue Code. ERISA refers to the Employee Retirement Income Security Act of 1974.)

Paperwork Reduction Act Notice.—We need this information to carry out the laws of the United States as defined in the Internal Revenue Code and Title IV of the Employee Retirement Income Security Act of 1974. You are required to give us this information.

Purpose

Form 5310 is used by plans, other than multiemployer plans covered by PBGC insurance, for the following reasons:

1. To give notice of merger, consolidation, or transfer of plan assets or liabilities to another plan (required by Code section 6058(b));
2. To apply for a determination upon termination of a plan (under Code section 401(a));
3. To give notice of intent to terminate a defined benefit pension plan (required by ERISA section 4041(a)).

Special Filing Information for Multiemployer Plans Covered by the PBGC Insurance Program.—A multiemployer plan covered by PBGC insurance that is merging with or transferring assets or liabilities to another multiemployer plan is required to notify PBGC but is NOT to use this form. The plan must file as required by ERISA section 4231.

A terminating multiemployer plan covered by PBGC insurance is required to notify PBGC but is NOT to use this form. The plan must file as required by the PBGC regulation on termination for multiemployer plans (29 CFR Part 2673).

If you want a determination letter for a multiemployer plan described above, request it from IRS on Form 5303.

General Instructions

A. Who Must File.—

1. Pension Plan, Profit-Sharing Plan, and Other Deferred Compensation Plan.—Any sponsor or plan administrator of a pension, profit-sharing, or other deferred compensation plan (except any multiemployer plan covered by PBGC insurance) should file this form for a plan merger, a plan consolidation, or a transfer of plan assets or liabilities to another plan. See Code section 6058(b).

Note: *When assets or liabilities are transferred from one plan to another plan, a Form 5310 should be filed for each plan.*

2. Defined Benefit Pension Plan Covered Under the PBGC Termination Insurance Program.—Any plan administrator of a defined benefit pension plan (other than a multiemployer plan) covered under the PBGC termination insurance program must file this form for a plan termination. If the Enrolled Actuary Certification Program is being used, only Part I and Part III, questions 9, 10(a) and (b), 11(a) and 12 must be completed.

Note: *If the merger of a defined benefit plan with a defined contribution plan results solely in a defined contribution plan, the defined benefit plan is considered terminated. If the defined benefit plan is covered under the PBGC termination insurance program, this form must be filed with PBGC as a notice of intent to terminate.*

If the Enrolled Actuary Certification Program described in PBGC's regulation on Determination of Plan Sufficiency and Termination of Sufficient Plans (29 CFR 2617) is being used with this filing, one-stop filing is not permitted. An Enrolled Actuary's certification of sufficiency may not be used when the plan administrator intends to ask PBGC to provide early retirement benefits pursuant to PBGC regulation 29 CFR 2617.30. Also, the certification may not be used in the case of plans in which assets are expected to exceed all plan liabilities (and excess assets will revert to the employer) if the following conditions apply (see PBGC regulation 29 CFR 2617 for further details).

(i) The plan has been involved in a spin-off or other transfer of assets or liabilities within a 36-month period immediately preceding the proposed date of termination, unless the total value of the assets or liabilities transferred was less than 20% of the present value of the accrued benefits of the transferring plan as of any day during the year that the transfer occurred (with all transfers aggregated and treated as if they occurred in the first plan year in which a transfer occurred).

Reason for Filing (These reasons correspond to the reasons at the top of page 1 of Form 5310)	Where to File (See General Instruction D)	What to File	When to File
1. Plans (except multiemployer plans covered by PBGC insurance) that are going to merge, consolidate or transfer plan assets or liabilities to another plan. Reason For Filing A.	IRS	One copy of Form 5310 Parts I, II, and attachments. If a determination letter is being requested for the plan as amended, the applicable Form 5300, 5301, 5303, or 5307 and the actuarial statement asked for on line 8(f) of Form 5310 are to be filed in lieu of Form 5310.	At least 30 days before the merger, consolidation, or transfer.
2. Terminations: a. Plans (except multiemployer plans covered by PBGC insurance) that are requesting only a determination letter from IRS. Reason For Filing B.	IRS [1]	One copy of Form 5310 Parts I, III, and attachments and Form(s) 6088.	Any time a determination letter upon termination is requested.
b. Defined benefit plans covered by PBGC termination insurance [2] (other than multiemployer plans) filing a notice of intent to terminate with PBGC and requesting a determination letter upon termination from IRS, "One-Stop." Reason For Filing C. **Note:** *One-Stop filing may not be used where the Enrolled Actuary Certification Program is being used.*	PBGC [3]	Two copies of Form 5310 Parts I, III, IV[2], attachments as specified (never more than 2 copies of any attachment), and one copy of Form(s) 6088. Also submit one copy of your most recent PBGC Form 1.	At least 10 days before the proposed date of plan termination.
c. Defined benefit plans covered by PBGC termination insurance [2] (other than multiemployer plans) filing a notice of intent to terminate with PBGC and NOT requesting a determination letter upon termination from IRS. Reason For Filing D.	PBGC	One copy of Form 5310 Parts I, III, IV, and attachments. Also submit one copy of your most recent PBGC Form 1.	At least 10 days before the proposed date of plan termination.
d. Defined benefit plans covered by PBGC termination insurance (other than multiemployer plans) filing a notice of intent to terminate with PBGC under the Enrolled Actuary Certification Program. Reason for filing E.	PBGC	One copy of Form 5310 completed as follows: Part I, and Part III, question 9, 10(a),(b), 11(a), and 12; Plan Administrator Certification, Enrolled Actuary Certification and Checklist and a copy of your most recent PBGC Form 1. PBGC forms may be obtained from PBGC by calling 202-254-4817. Hearing impaired persons may call 202-254-8010.	Form 5310, at least 10 days before the proposed date of plan termination. See instructions to PBGC forms for other filing information.

1 For a defined benefit plan covered by PBGC termination insurance, a notice of intent to terminate must be submitted to PBGC at least 10 days before the proposed termination date of the plan.

2 If you are unsure as to whether the PBGC termination insurance program covers the plan, you are not required to complete all of Part IV. See optional filing requirements in the instructions for Part IV.

3 If you do not choose to file "One-Stop," file separately with PBGC and IRS. Do NOT check Reason For Filing C. File with PBGC according to 2c of this chart. File with IRS according to 2a.

(ii) The plan sponsor will or intends to cover the same employees participating in the plan to be terminated under a new or existing defined benefit plan.

(iii) The plan requires or permits employee contributions and a method other than that contained in PBGC regulation 29 CFR 2618.31(b) is requested for computing the portion of the excess assets attributable to employee contributions.

If the plan does not have excess assets, or if the plan has excess assets but the above three conditions do not apply, the Enrolled Actuary Certification Program may be used.

B. Who May File Voluntarily.—Any sponsor or plan administrator of any pension, profit-sharing or other deferred compensation plan (other than a multiemployer plan covered under PBGC insurance) may file this form to ask the IRS to make a determination on the plan's qualification status upon the plan's termination. Those wishing to file requesting a determination as to the plan's qualification status upon a partial termination should file Form 5300, 5301, 5303, or 5307 as applicable.

C. What, Where and When to File.—The chart on page one describes what forms to use and where and when to file them.

D. Where to File.—

1. Forms That Must Be Filed With PBGC.—Send or take these forms, including attachments, to the Pension Benefit Guaranty Corporation, Insurance Operations Department , Room 5300-A, Code 542, 2020 K Street, NW, Washington, DC 20006-1806. If you have any questions, please call PBGC at 202-254-4817. Hearing impaired persons may call PBGC's Superphone at 202-254-8010.

2. Forms That Must Be Filed With IRS.—File these forms as follows:

(i) Single Employer Plans.—Send the forms to the District Director, EP/EO Division, for the key district in which the employer's principal place of business is located.

(ii) Plan Maintained by More Than One Employer.—Send the forms to the District Director, EP/EO Division, for the key district in which the principal place of business of the plan sponsor or administrator is located. This means the principal place of business of the association, committee, joint board of trustees, or other similar group of representatives of those who established or maintain the plan. All forms and attachments to be filed with IRS should be filed with the key district indicated below:

If the principal office of the plan sponsor or the plan administrator is located in the following IRS District ▼	Send your applications to the District Director for the key district listed below ▼
Cincinnati, Cleveland, Detroit, Indianapolis, Louisville, and Parkersburg	EP/EO Division, P. O. Box 3159, Cincinnati, OH 45201
Baltimore, Pittsburgh, Richmond, and Foreign Operations District	IRS, EP/EO Division, P.O. Box 17010, Baltimore, MD 21203
Philadelphia, Wilmington, and Newark	IRS, EP/EO Division, P.O. Box 1680, Newark, NJ 07101
Aberdeen, Chicago, Des Moines, Fargo, Helena, Milwaukee, Omaha, St. Louis, St. Paul, and Springfield	IRS, EP/EO Division, P.O. Box A-3617, Chicago, IL 60690
Albany, Augusta, Boston, Brooklyn, Buffalo, Burlington, Hartford, Manhattan, Portsmouth, and Providence	IRS, EP/EO Division, P.O. Box C-9050, GPO, Brooklyn, NY 11202
Atlanta, Birmingham, Columbia, Greensboro, Jackson, Jacksonville, Little Rock, Nashville, and New Orleans	IRS, EP/EO Service Unit, P. O. Box 941, Room 310, Atlanta, GA 30370
Albuquerque, Austin, Cheyenne, Dallas, Denver, Houston, Oklahoma City, Phoenix, Salt Lake City, and Wichita	IRS, EP/EO Division, 1100 Commerce St., Mail Code 306, Dallas, TX 75242
Honolulu, Laguna Niguel, and Los Angeles	IRS, EP/EO Division, P.O. Box 356, Room 2335, Los Angeles, CA 90053
Las Vegas, Sacramento, San Francisco, and San Jose	IRS, EP/EO Division, Stop SF 3217, Box 36040, 450 Golden Gate Ave., San Francisco, CA 94102
Anchorage, Boise, Portland, and Seattle	IRS, EP/EO Division, Mail Stop 654, 915 2nd Ave., Seattle, WA 98174

E. Definitions.—

1. Defined Contribution Plan.—This is a plan that provides for an individual account for each participant. Benefits are based solely on the amount contributed to the participant's account and any income, expenses, gains and losses and any forfeitures of accounts of other participants that may be allocated to the participant's account. Profit-sharing plans, stock bonus plans, and money purchase plans are defined contribution plans. See Code section 414(i) and ERISA section 3(34).

2. Defined Benefit Plan.—This is any plan that is not a defined contribution plan. These plans include unit benefit, fixed benefit, and flat benefit plans, and plans defined in Code section 414(k). Also, see ERISA section 3(35).

F. Failure to File a Notice of Intent to Terminate (Reasons for Filing C, D and E).—It is a violation of the provisions of Title IV of ERISA not to file the notice of intent to terminate at least 10 days before the proposed termination date of a plan (other than a multiemployer plan) covered under the PBGC termination insurance program. The PBGC may declare a notice of intent to terminate void if any required information is not filed. If you checked reason for filing "E" and are not submitting the enrolled actuary certification and check list, you must file a request for an extension of time to file them or the notice will be invalid. The instructions for line 25 explain how to obtain an extension of time to complete a filing.

G. Penalties.—If you are filing Form 5310 to report a plan merger, consolidation, or transfer of plan assets or liabilities, there is a penalty for late filing. The penalty is $25 for each day Form 5310 is late (up to a maximum of $15,000). The form is late if it is not filed at least 30 days before the plan merger, consolidation, or transfer of assets or liabilities.

H. Signature.—in general, the plan administrator must sign the form. For single employer plans the plan administrator and the employer are generally the same person. When the plan administrator is a joint employer-union board or committee, at least one employer representative and one union representative must sign. Both copies of the form submitted for a "One-Stop" filing (Reason for Filing C) must be signed. A Form 5310 filed with IRS or IRS and PBGC by a representative on behalf of an employer or plan administrator must be accompanied by:

(1) a power of attorney specifically authorizing such representation in this matter (you may use Form 2848, Power of Attorney) or

(2) a written declaration that the representative is a currently qualified attorney, certified public accountant, enrolled actuary, or is currently enrolled to practice before the IRS (include either the enrollment number or the expiration date of the enrollment card); and is authorized to represent the employer or plan administrator.

(File 2 copies of the above if you are filing "One-Stop.")

If you are an authorized representative other than an attorney-at-law and you are submitting this form only to PBGC, you must send in a notarized power of attorney specifically stating that you are authorized to represent the employer or plan administrator.

Specific Instructions

Please follow the instructions below when completing this form. If any item in a Part of this form you are required to complete does not apply, enter N/A.

Part I

1(a). Enter the name and address of the plan sponsor. If a plan covers only the employees of one employer enter the name of the employer. Otherwise, "plan sponsor" means the following:

(i) For a plan established or maintained by an employee organization, the employee organization.

(ii) For a plan established or maintained jointly by one or more employers and one or more employee organizations or by two or more employers, the association, committee, joint board of trustees, or other similar group of representatives of those who established or maintain the plan.

Be sure to include enough information in 1(a) to describe the sponsor adequately.

1(b). Enter the 9-digit employer identification number (EIN) assigned to the plan sponsor. This should be the same EIN that was used when the plan filed Form 5500, 5500-C, or 5500-R.

1(d). If this form is for a single employer plan, enter the date the employer's tax year ends. For all plans of more than one employer, enter N/A.

1(e). Enter the same business code that you entered on your most recently filed Form 5500, 5500-C, or 5500-R, whichever applies.

2(d). If you complete 2(d) and this is a filing for IRS, you must attach a written statement that contains:

(i) Your name, address, employer identification number, and plan number.

(ii) A paragraph that clearly identifies the person or persons you have authorized to receive the return and/or return information. This must include the name, address, telephone number(s) and social security number(s) of the authorized person(s).

(iii) A paragraph that clearly and explicitly describes the return and/or return information that you authorize IRS to disclose.

(iv) You must sign the request as the taxpayer making the authorization.

Note: *Forms sent to PBGC will be treated by PBGC under the Freedom of Information Act and the Privacy Act, as applicable.*

2(e). If you are filing for a defined benefit plan, enter the District Director's office for the key district where the plan sponsor's principal place of business is located.

3. If you checked Reason for Filing B or C, each person who qualifies as an interested party must be notified that the applicant has asked for a determination letter. Rules defining "interested parties" and providing for the form of notification are contained in the Income Tax regulations section 1.7476. Any delay in the start of the 270-day period under Code section 7476(b)(3) because all the information required in Parts I, III, IV, and either completed Form(s) 6088 or a second copy of the complete participant data schedules described for line 24 is not initially submitted for a "One-Stop" filing (Reason for filing C) does not affect the date the application for determination is made for satisfying the requirements for notice to interested parties in accordance with Code section 7476(b)(2).

If you checked Reason for Filing C, D, or E, individuals entitled to benefits under the plan and any union representing the individuals must be notified that the plan administrator or duly authorized representative has filed a notice of intent to terminate. The notification must be given in the manner and must contain the information prescribed in the PBGC regulation on notice of intent to terminate (29 CFR Part 2616).

4(a). Check for a single-employer plan, that is, a plan which is maintained by one employer, or one employee organization. Also check if more than one employer is contributing and an individual employer's contributions are available to pay benefits only for that employer's employees who are covered by the plan. Also check for a single-employer plan that is collectively bargained.

4(b). Check if more than one employer participates in a plan where all the participating employers are members of the same controlled group of corporations (Code section 414(b)). Also check if more than one employer participates in a plan where all the participating employers are members of the same group of employers under common control (Code section 414(c)).

4(c). Check for a plan of more than one employer (other than a multiemployer plan) that is collectively bargained, is collectively funded, and is not a plan of trades or businesses under common control.

4(d). Check for plan of more than one employer that is not collectively bargained, other than a plan defined in (b) above.

5(b). Enter the 3-digit number that the employer or plan administrator has assigned to the plan. This number should be the same as the 3-digit number entered on the latest Form 5500, 5500-C, or 5500-R filed for this plan.

Part II

If you checked Reason for Filing A, complete (a) through (f) for the plan(s) with which the plan named in line 5 is being merged or consolidated or the plan(s) to which the assets or liabilities of the plan are being transferred.

8(a). List the name of the plan(s), other than the plan named in 5(a), involved in this transaction.

8(b), (c), (d), and (e) should be completed for the plan(s) listed in 8(a).

8(f). No actuarial statement is required where all of a defined benefit plan's assets and liabilities are being merged into a multiemployer plan covered by the PBGC insurance program.

Part III

If you checked Reason for Filing B, C, or D, complete all questions in Part III. If you are filing with PBGC and checked Reason for Filing E, complete only questions 9, 10(a), (b), 11(a) and 12 of Part III.

10(g). A plan is not a qualified plan if a plan amendment, including the amendment to terminate the plan, directly or indirectly decreases the accrued benefit of any plan participant. Section 411(d)(6), section 1.411(d)-3(b) of the Income Tax Regulations and Rev. Rul. 85-6, 1985-5 I.R.B. 10.

11(b). If filing One-Stop (Reason for Filing C) attach 2 copies of records of all actions taken to terminate the plan, such as board of directors' resolutions, notification to participants, notification to trustees, etc. If you checked Reason for Filing B or D, attach only one copy of the required records.

11(c)(ii). If the date shown in 11(c)(i) is later than the date shown in 11(a), indicate the amount of contribution for each plan year beginning after the date shown in 11(a). Otherwise, do not complete 11(c)(ii) or 11(c)(iii).

12(d). If the plan termination is due to adverse business conditions, attach an explanation of the conditions and why the conditions require that this plan be terminated.

12(e). If the plan termination is due to the adoption of a new plan, attach an explanation briefly describing the type of the new plan.

15(a). For a plan maintained by more than one employer (other than a collectively bargained plan), consider 15(a) separately for each employer to determine for which employers information must be attached.

15(a)(i). If any organization maintaining this plan is a member of an affiliated service group as described in Code section 414(m), all employees of the affiliated service group will be treated as employed by a single employer for purposes of certain qualification requirements. See Rev. Proc. 81-12, 1981-1 C.B. 652 and Rev. Rul. 81-105, 1981-1 C.B. 256, regarding the application of Code section 414(m).

15(a)(ii) and (iii). If you checked (ii) "No," or if you checked (iii) "Yes" or "Not certain," attach the following information:

(1) a description of the business of the employer specifically discussing whether and why it is a service organization,

(2) the identification of other members (or possible members) of the affiliated service group,

(3) a description of the nature of the business of each member (or possible member) of the affiliated service group, specifically discussing whether and why each member is a service organization,

(4) the ownership interests between the employer and the members (or possible members) of the affiliated service group (including ownership interests described in Code sections 414(m)(2)(B)(ii) and 414(m)(5)(B)),

(5) a description of the services performed for the employer by the member (or possible members) of the affiliated service group, or vice versa (including an opinion whether the services are a significant portion of the member's business, and are of a type historically performed in the employer's service field by employers),

(6) a description of how the employer and the members (or possible members) of the affiliated service group associate in performing services for other parties, and

(7) if known, a copy of any affiliated service group ruling or determination letter issued to any other member (or possible members) of the affiliated service group. Also state whether the facts have materially changed since that letter was issued.

15(b). For a plan maintained by more than one employer, answer "Yes," if any employer maintaining the plan is a member of such a group.

15(c). If 15(a)(i) is "Yes" or "Not certain" or if 15(b) is "Yes," items 15(c)(i) and (ii) should be completed assuming the employees of all the members (or possible members) of the applicable group are employees of a single "employer." If all the

employers maintaining the plan are not members of the same single "employer" or the plan involves more than one single "employer"; (1) answer "Yes" to 15(c)(i) only if the test is satisfied for each such single "employer," and (2) complete 15(c)(ii) separately for each such single "employer" by attaching a sheet with the information for each such "employer" in the same format as 15(c)(ii) (see instruction 15(d)(v) on page 4).

The following schedule is to help you determine if your plan meets the percentage test of Code section 410(b)(1)(A).

The percentage test of section 410(b)(1)(A) is met if, and only if:
(1) line (i) of the schedule below is 70% or larger, or *(2)* line (j) is 70% or larger and line (k) is 80% or larger.

		Number
(a) Total employed		
(b) Exclusions under plan (do not count an employee more than once):		
(i) Minimum age and years of service		
(ii) Employees included in collective bargaining		
(iii) Nonresident aliens who receive no earned income from United States sources		
(c) Total exclusion (add (b)(i) through (iii))		
(d) Employees not excluded under the statute (subtract (c) from (a))		
(e) Ineligible under plan on account of (do not count an employee included in (b)):		
(i) Minimum pay		
(ii) Hourly pay		
(iii) Maximum age		
(iv) Other		
(f) Employees ineligible, add (e)(i) through (iv)		
(g) Employees eligible to participate (subtract (f) from (d))		
(h) Number of employees participating in the plan		
(i) Percent of nonexcluded employees who are participating (divide (h) by (d))		
Complete (j) only if (i) is less than 70% and complete (k) only if (j) is 70% or more		
(j) Percent of nonexcluded employees who are eligible to participate (divide (g) by (d))		
(k) Percent of eligible employees who are participating (divide (h) by (g))		

If the plan does not meet the percentage test, you must submit a schedule using the format below to show that the plan meets the requirements of Code section 410(b)(1)(B). If the plan does not, by itself, satisfy the coverage requirements, other plans may be designated as a unit for this purpose. If any other plan is considered in combination with this plan, fill out item 15(c) as though the combined plans were a single plan. Also attach a brief description of the other plan(s) considered.

1		2	3	4	5
*Compensation range		Employees not excluded (See note)	Employees ineligible to participate	Employees participating	Participants who are officers or shareholders
At least	But not more than				
Totals					

*The compensation brackets used must reflect the pay pattern of the employer.
Note: *Enter in column 2, the total number of employees less exclusions under Code section 410(b)(3) if provided in the plan.*

15(d)(v). If 15(c)(ii) is required to be completed separately for more than one single "employer" under the plan, in addition to completing this line for the entire plan on the form, on an attached sheet show this information for each such single "employer" in the same format as 15(d)(v).

15(d)(vi). Enter the number of employees separated from service with less than 100% vesting in their accrued benefit or account balance. If more than 10, enter "10 plus." Only consider vesting in employer contributions.

17(b). The accrued benefits of a plan participant may not be reduced upon plan termination. Among other things, this means that a plan amendment that effectively eliminates or reduces an early retirement benefit or a retirement type subsidy with respect to benefits attributable to pre-amendment service is treated as reducing the accrued benefit of a participant if subsequent to termination the participant could satisfy the condition necessary to receive such benefits. See section 411(d)(6), section 1.411(d)-3 of the Income Tax Regulations, and Rev. Rul. 85-6.

17(c). If the trust continues to operate after the termination of the plan, the employer or plan administrator must file an annual information return on Form 5500, 5500-C, or 5500-R.

17(h). Check "No," only if you are certain that there will be no reversion of assets to the employer.

17(h)(i). The list must include the name(s) of the sponsor(s) involved; the identification number(s) of the sponsor(s); the plan administrator(s) name(s) and identification number(s) and name(s) of the plan(s), and be accompanied by a description of the transaction(s).

17(h)(ii) and (iii). All plan benefits must be satisfied before assets can revert to the employer upon termination of the plan. All liabilities will not be satisfied if the value of retirement-type subsidies are not provided with respect to participants who, after the date of the proposed termination, satisfy certain pretermination conditions necessary to receive such benefits. Code section 401(a)(2), section 1.401-2(a)(1) of the regulations and Rev. Rul. 85-6.

17(h)(iii) and (iv). The annuity contracts purchased must be guaranteed for each participant. However, in order to maintain qualification of a continuing pension plan, the contracts covering participants' accrued benefits in such plan must not be distributed except in accordance with section 1.401-1(b)(1)(i) of the Income Tax Regulations.

17(h)(viii). If the answer to this item is "Yes," attach a list which includes the name(s) of the plan sponsor(s), employer or sponsor's identification number(s), administrator's identification number(s), plan number(s) and an explanation of the termination(s) including the amount(s) of the reversion (s), the date(s) of termination and the reason(s) for termination.

17(j). For this question only, "lump-sum distribution" will mean a single payment of the value of a participant's benefits or a series of payments that do not provide substantially equal payments (either alone or in conjunction with other benefit payments) over the life of the participant.

17(m). Regardless of the form of benefit, if the present value of a participant's nonforfeitable accrued benefit exceeds $3,500, then neither part nor all of the present value may be distributed unless the participant and the spouse, if applicable, consent in writing. Spousal consent is required in all defined benefit plans, all money purchase plans (except if an ESOP) and certain profit-sharing and stock bonus plans (see section 401(a)(11)). In addition, for plans subject to section 417, no distribution is permissible after the annuity starting date, regardless of amount,

unless the requisite written consents are given. No consent is needed for distribution of a participant's nonforfeitable accrued benefit in the form of a qualified joint and survivor annuity after the later of the normal retirement age (as defined in section 411(a)(8)) or age 62.

Note: *The interest rate, as determined in 17(n) below, must be used both for the $3,500 threshold test and for determining the amount of the distribution. See Code sections 401(a)(11), 411(a)(11) and 417(e).*

17(n). See Code sections 411(a)(11) and 417(e) and Income Tax Regulations section 1.417(e)-1T(a), (b), and (c).

20. Complete the statement showing the estimated fair market value of the plan assets and liabilities as of the proposed date of termination.

If you are filing this form as a notice of intent to terminate and plan assets include items which are not publicly traded, submit an explanation of how the fair market value was determined. Some examples of assets not publicly traded are: insurance contracts, real estate, pooled funds, mortgages, or depreciable property. Do not include the value of a sponsor's commitment (see line 23(d)) to make the plan sufficient.

Include and clearly identify all liabilities (other than liabilities for benefit payments due after the date of plan termination) that are unpaid as of the proposed termination date or that are paid or payable from plan assets under the provisions of the plan after the proposed date of plan termination. Liabilities include expenses, fees, other administrative costs, and benefit payments due and not paid before the proposed termination date.

Part IV

This part applies to a plan filing a notice of intent to terminate under the PBGC termination insurance program (Reason for Filing C or D). See also 29 CFR Part 2616. If the Enrolled Actuary Certification Program is used, do not complete this part.

If you have any questions concerning this part of the form, contact the Pension Benefit Guaranty Corporation, Insurance Operations Department, Room 5300-A, Code 542, 2020 K Street, N.W., Washington, D.C. 20006-1806 or call 202-254-4817.

If your answer to line 6(a) is "Yes," you must complete and file all information required by Part IV.

If your answer to line 6(a) is "No," do not complete Part IV.

If you checked "Not determined" on line 6(a), completion of Part IV is optional. However, if you do not complete Part IV you must submit a copy of the plan document and a copy of the IRS determination letter(s) for the plan as described in the instructions for lines 22(b), (c), and (g). If you do not complete Part IV and it is later determined that the plan is covered under the PBGC termination insurance program, the plan administrator will be deemed to have agreed that the 90-day period prescribed in ERISA section 4041(a), during which no plan assets may be distributed under the plan termination, will be extended until a date 90 days after the day on which a complete Part IV is filed with PBGC. If you fail to file a complete Part IV within 90 days after the PBGC notifies you that this is a covered plan or if you fail to request an extension of time to complete the filing within that period, the notice of intent to terminate will be voidable at the option of the PBGC. If the plan sponsor wishes to make a commitment to make the plan sufficient in the event that the plan is covered, he or she must do so in accordance with the instruction for line 23(d).

22(b) through (f). The documents described in (b) through (f) below must have been executed, i.e., signed by the person(s) authorized to adopt them. Each document must include its text, the effective date and the date it was adopted. The PBGC will accept a clear reproduction of any required document that includes this information.

22(b). If your plan was adopted and has been in effect for 5 or more years, submit the plan document(s) showing the provisions of the plan adopted and effective at the beginning of the 5-year period ending on the proposed date of plan termination. Otherwise, submit the document establishing the plan.

22(c). Attach each amendment to the plan that was adopted and effective after the document described in line 22(b) and before the proposed date of termination.

Note: *If you estimate that plan assets will be sufficient to pay all vested benefits and the plan has been restated within the 5 years before termination, you may satisfy the requirements of 22(b) and 22(c) by submitting the restated plan document and any subsequent amendments adopted and effective before the proposed date of plan termination.*

22(d). Attach each group annuity or group insurance contract that provides for the management of plan assets, plan administration, or the payment of benefits under the plan.

22(e). Attach each trust agreement that provides for management of plan assets, plan administration, or payment of benefits under the plan.

22(f). Attach each collective bargaining agreement that contains provisions relating to the plan.

22(g). Attach letters of determination issued by the IRS that relate to the establishment of the plan, amendments to the plan, partial termination of the plan, disqualification of the plan, and any later requalification.

23(a). See 29 CFR Part 2618, the PBGC regulation on allocating assets, for an explanation of which benefits are to be assigned to categories 1 through 4 of ERISA section 4044.

23(b). When establishing whether plan assets will be adequate to provide plan benefits, base your estimate on the most recent actuarial report, financial statements, and other pertinent information which supports your claim. Attach a summary statement or analysis which supports your estimate and include the actuarial assumptions used in making the determinations as of the proposed date of plan termination.

If plan assets are determined to be clearly insufficient, PBGC will issue a notice of inability to determine sufficiency and proceed to place the plan into trusteeship. (PBGC will require the submission of periodic financial statements for the plan between the date of termination and the date the plan is placed into trusteeship.) Otherwise, PBGC will direct you to proceed according to Subpart B of 29 CFR Part 2617, the PBGC regulation on determination of sufficiency.

23(d). An employer may determine that it is in the employer's best interest to make or ensure that a terminating plan is sufficient. Therefore, the PBGC will consider a commitment to contribute an amount necessary to make the plan sufficient as a plan asset unless it appears that the employer will not be able to satisfy its commitment. The commitment must be:

(i) Made by the employer(s) maintaining the plan;

(ii) Made in the form prescribed in 29 CFR Part 2617; and

(iii) Made and submitted to PBGC before the proposed termination date of the plan. (Such a commitment may be made and submitted after the date of plan termination only with the consent of the PBGC.)

The amount of the contribution will be determined when plan assets are distributed.

24. Submit participant data schedules in a format like or similar to the example shown on page 6. PBGC will accept copies of workpapers as long as the data and supporting information submitted clearly show the calculation of each participant's total accrued and vested accrued monthly benefits. (If the schedules are not complete when the notice is filed, see instructions for line 25.) Include all participants entitled to benefits, grouped as follows:

(a) Retired participants and beneficiaries receiving benefits from the plan;

(b) Participants separated from service not yet receiving vested benefits from the plan; and

(c) All other participants with vested or nonvested accrued benefits.

For collectively bargained plans covering employees of representative labor union(s) or employees of any plan(s) for union members, attach a list of the union(s) and plan(s), assign an identification code to each union or plan and enter the appropriate code for each participant after the participant's name in column (a) of the line 24 participant data schedules.

For a plan, other than a collectively bargained plan, maintained by more than one employer (where all employers in each affiliated service group, controlled group of corporations or group of trades or businesses under common control are considered one employer) attach a list of employers, assign an identification code to each employer, and enter the appropriate code for each participant after the participant's name in column (a) of the line 24 participant data schedules.

Provide the information in columns (a) through (t) for all participants; provide the information in columns (u) and (v) for retired participants and beneficiaries only. List basic data for each participant and determine benefit entitlements and benefit amounts as of the proposed date of plan termination. Report all benefits as monthly amounts.

The following instructions describe the information to be entered in each column of the sample format:

Columns (a), (b), and (c): Name, sex and birth date of each participant including beneficiaries in pay status. (If the participant is entitled to a benefit form that provides an annuity or lump-sum death benefit to a surviving beneficiary, e.g., qualified J & S benefit, enter the name, sex and birth date of the beneficiary in parentheses on the line under that of the participant.)

Column (d): Date employment began for purposes of computing benefits.

Column (e): Date participation in the plan began.

Column (f): Earlier of the date employment ended or the proposed date of plan termination.

Column (g): Credited service as defined in the plan document.

Column (h): The highest percentage of ownership during the 5 years before the date of plan termination for each substantial owner, as defined in ERISA section 4022(b)(5)(A).

Columns (i) through (n): Specific data used to compute the accrued benefit under the provisions of the plan. Use as many columns as necessary to show the determination of each participant's accrued benefit.

The following are examples of the types of data that must be reported:

(i) if the plan is contributory, show the amount of employee contributions with and without interest as of the date of plan termination.

(ii) if compensation is a factor in the benefit formula, show the applicable compensation figure(s) as defined in the plan document. If the benefit formula provides that past service and future service are determined using different compensation figures, enter the compensation for past service in one column and the compensation for future service in another.

(iii) if you are filing One-Stop (Reason for Filing C), and compensation is not required to determine plan benefits, and you are not filing Form(s) 6088, Distributable Benefits from Employee Pension Benefit Plans, enter the compensation as described in the instructions for columns (i) and (j) of Form 6088.

(iv) if the benefit under the plan is offset by a flat amount or by a percentage of the Social Security benefit, show the offset and the data used in the determination.

Participant Data Schedule

Name of plan:

Proposed date of termination: Proposed date of distribution:

Name of participant (beneficiary) (Put an asterisk (*) in front of the name of each officer and/or owner-employee, including partners) (a)	Sex (b)	Dates: Birth (c)	Dates: Employment began (d)	Dates: Participation began (e)	Dates: Earlier of: 1. Employment terminated 2. Plan terminated (f)	Credited service (g)	Percent of business owned (h)	(i)	(j)	(k)	(l)

(m)	(n)	Accrued monthly benefit (o)	Vesting percent (p)	Vested accrued monthly benefit (q)	Form of annuity (r)	Monthly benefit provided under an ERISA section 4044 asset allocation (s)	Cost or value of benefit in col.(s) (t)	Pay Status Only: Benefit commencement date (u)	Pay Status Only: Type of benefit (v)

Note: *If you checked Reason for Filing C and you are not sending all the information required in Parts I, III, IV, and either completed Form(s) 6088 or a second copy of the complete participant data schedules described in the line 24 instructions of Form 5310, the 270-day period prescribed by Code section 7476(b)(3) will not start until you file the remaining required information.*

(v) if, before retirement, the benefit is determined from the cash value of insurance or annuity contracts, show the cash value.

(vi) if you are filing One-Stop (Reason for Filing C) and you are not filing Form(s) 6088, complete an additional column entering the value of the accrued benefits shown in column (o), and attach a statement explaining the basis of the valuation.

Column (o): Accrued monthly benefit in the normal annuity form under the plan.

Column (p): Vesting percentage computed without regard to any increase in vesting due to the termination. (For contributory plans, enter the percentage applicable to the portion of the accrued benefit provided by employer contributions.)

Column (q): Amount of vested accrued benefits.

Column (r): Form of annuity that is payable (normal form payable under the terms of the plan or an optional form elected before the proposed date of plan termination) or that would be payable if the benefit were vested. For example, J & 50% S represents a joint and 50% survivor annuity.

Column (s): Benefit provided as a result of the allocation of assets prescribed by ERISA section 4044. Adjust the amount of the benefit, if necessary, for the annuity form and the age at which it is assumed to be payable. If this amount is less than a participant's vested benefit provide an explanation as to how it was determined in a footnote to the schedule OR show its determination using additional columns.

Column (t): Value of the benefit in column (s) as of proposed date of distribution. If annuities will be purchased from an insurance carrier, attach a copy of the annuity bid. If an early retirement benefit will be purchased from PBGC, identify these benefits in a footnote to the schedule. If participants elect a lump-sum payment, explain in a footnote how the lump sums were calculated and include a statement of the actuarial assumptions (applying expected early retirement age where appropriate) used to determine the amount of the distributions. If the sum of the amounts in column (t) does not equal line 20(o) of Form 5310 attach an explanation of the difference.

Column (u): The date benefits commenced.

Column (v): The type of benefit (normal, early, late, or disability).

25(a). Check this box if you are filing a complete Form 5310 including required attachments. You may shorten the amount of time necessary to process the termination by filing all of the required information at one time.

25(b). Check this box if you are filing Form 5310 complete except for information showing the estimated plan assets allocated to individual participants, i.e., the information described in the instructions for columns (s) and (t) of the sample participant data schedules. On receipt of a filing, PBGC will determine whether or not plan assets are clearly insufficient and will inform the plan administrator of its determination.

If you are filing One-Stop (Reason for Filing C) and you choose to use Form 6088, rather than a second copy of Form 5310, line 24 participant data schedules to request an IRS determination, you need only complete column (a) through (j) of Form(s) 6088. When you file the proposed distribution data with PBGC, you should file another Form(s) 6088 completing columns (a), (k), (l), and (m) only.

25(c). Check this box if you are filing under an automatic extension of time to prepare participant data and plan asset information. Under this method, you must include all of the information required for a complete Form 5310 except:

(i) Plan asset information (line 20); and/or

(ii) Participant data schedules (line 24) and, if applicable, Form(s) 6088.

When you file under this method, you are agreeing to an extension of the 90-day period in ERISA section 4041(a), during which you may not make any distributions under the proposed termination of the plan. The extension allows you an additional 90 days to submit the plan asset and participant information. If you are unable to submit the information within 90 days of the filing of the incomplete notice, you must apply for an extension of time to complete the notice. You must file this request no later than 10 days before the end of the 90-day period which begins on the date you filed the incomplete notice. Instructions for line 25(d) explain how to request an extension of time to complete a filing.

25(d). Check this box if you are filing with Form 5310 a request for an extension of time to file any of the information (other than the information described in 25(c)) or a waiver of the obligation to file any of the information required by the form. It must be a written request explaining why you need the extension or waiver and the relief sought. The request for an extension of time must be accompanied by 2 copies of an agreement, each signed by the plan administrator or his or her representative, whereby the plan administrator agrees that if PBGC grants the request, the 90-day period specified in ERISA section 4041(a), during which the plan administrator may not make any distributions, may be automatically extended by a period of time equal to the extension of time granted by PBGC. If PBGC grants the request for an extension of time, PBGC will sign the agreement submitted and return one copy to the plan administrator or his or her representative. When PBGC grants or denies a request to waive the filing of required information, PBGC will notify the plan administrator or his or her representative in writing.

Note: *Whether or not an extension or waiver is granted, a commitment to make a plan sufficient as provided in line 23(d) generally must be made and submitted to PBGC before the proposed date of plan termination in accordance with 29 CFR Part 2617 of the PBGC regulations.*