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Post-Distribution Certification for Standard Termination

PBGC Form 501

Approved OMB 1212-0036
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Update

PART I. IDENTIFYING INFORMATION

Check here if you previously filed a Form 501 for this plan. ☐ If checked, provide dates of filing(s): _____

1a Plan Name

1b 9-digit employer identification number (EIN)

1c 3-digit plan number (PN)

2 PBGC case number — 8-digit Case #

PART II. DISTRIBUTION INFORMATION

3a Last distribution date in satisfaction of plan benefits — (MM/DD/YYYY)

3b Date of receipt of IRS determination letter — (MM/DD/YYYY)

4 Were participants and beneficiaries provided with the name and address of the insurer(s) no later than 45 days before the date of distribution? (See page 22 of instructions.) ☐ Yes ☐ No

5 Were you able to locate all participants and beneficiaries? If "No," see instructions. ☐ Yes ☐ No

6a Has a copy of the annuity contract, certificate, or written notice been provided to each participant and beneficiary receiving benefits in the form of an irrevocable commitment? ☐ Yes ☐ No ☐ N/A

6b If "Yes" to 6a, enter the latest date the annuity contract, certificate, or written notice was provided to each participant and beneficiary receiving benefits: If "No" or "N/A", see instructions — (MM/DD/YYYY)

7a Complete name of record of insurer(s) from whom annuity contracts, if any, have been purchased (Address should include room or suite no.)

7b Annuity Contract Number(s)

8a Name and address of contact for location of plan records (Address should include room or suite no.)

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8b Telephone number

9 Summary of distribution of plan benefits

Form	(1) # of Participants or Beneficiaries	(2) Total Value
a Annuities		$
b Lump sums (including direct transfers and distributions to participants and beneficiaries)		
(1) Consensual		$
(2) Nonconsensual		$
c Designated benefits paid to PBGC for Missing Participants		$
d No Distribution		
e TOTAL (see instructions)	0	$ 0

PART III. PLAN ADMINISTRATOR CERTIFICATION

I, the Plan Administrator, certify that to the best of my knowledge and belief that (1) benefits payable with respect to participants have been calculated and valued correctly in accordance with applicable provisions of ERISA and the regulations thereunder; (2) all plan benefits (through priority category 6 under ERISA Section 4044 and 29 CFR Part 4044) under the plan have been satisfied; (3) plan assets in excess of those needed to satisfy all plan benefits (through priority category 6 under ERISA Section 4044 and 29 CFR Part 4044) have been or will be distributed in accordance with applicable provisions of ERISA and the regulations thereunder; and (4) the information contained in this filing is true, correct, and complete. I further certify that I am aware that records supporting the calculation and valuation of benefits and assets must be kept at least six years after the date this post-distribution certification is filed.

In executing this document, I certify that the foregoing is true and correct, and recognize that knowingly and willfully making false, fictitious, or fraudulent statements to the PBGC is punishable under 18 U.S.C. §1001.

Plan Administrator's company name and address (Address should include room or suite no.)

Telephone number

E-mail address (optional)

Plan Administrator's signature | Date | Printed name and title of Plan Administrator