

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 >

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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 ▶ _____