

Notice of Plan Merger or Consolidation, Spinoff, or Transfer of Plan Assets or Liabilities; Notice of Qualified Separate Lines of Business

**Under sections 6058(b) and 414(r) of the Internal Revenue Code.
See Who Must File instructions before filing this form.**

OMB No. 1545-0202

For IRS Use Only

Reason for filing (see specific instructions for code to enter): ☐

Part I All filers must complete lines 1 and 2.

1a Name of plan sponsor (employer if single-employer plan)			1b Employer identification number	
Number, street, and room or suite no. (If a P.O. box, see instructions.)			1c Employer's tax year ends—Enter (MM) or N/A	
City	State	ZIP code	1d Telephone number ()	
2 Person to contact if more information is needed. (See instructions.) (If Power of Attorney is attached, check box and do not complete this line.) ☐			1e Fax number ()	
Name				
Number, street, and room or suite no. (If a P.O. box, see instructions.)			Telephone number ()	
City	State	ZIP code	Fax number ()	

Part II Complete lines 3 through 5 if this is a notice of a plan merger or consolidation, spinoff, or transfer of plan assets or liabilities to another plan.

3a Name of plan (plan name may not exceed 66 characters):
.....

b Enter 3-digit plan number

4a Is this a defined benefit plan? Yes ☐ No ☐
If "Yes," attach an actuarial statement of valuation showing compliance with the requirements of section 401(a)(12) and the regulations under section 414(l).

b If this is a defined contribution plan, enter the appropriate code (see instructions) **AND** attach an actuarial statement of valuation showing compliance with the requirements of sections 401(a)(12) and 414(l) ☐

5 Other plan(s) involved in the transaction (see instructions)

a Enter the total number of plans involved in the transaction other than the plan listed on line 3a:
Complete the following information for the other plan. If more than one other plan, see instructions for the required attachment(s).

b If more than one other plan is involved in the transaction, enter the number of this statement (1 of 3, etc.):

c Plan name:

d Name of employer:

e Employer identification number: **f** Plan number (3 digits):

g Date of merger or consolidation, spinoff, or transfer of plan assets or liabilities (MMDDYYYY):/...../.....

h Type of plan (see instructions for code to enter): ☐ If "8," specify ▶

Part III Complete lines 6 through 11 if you are filing a notice of qualified separate lines of business (QSLOB).

6a Has the employer previously filed a notice of QSLOB? Yes ☐ No ☐
If "Yes," complete lines 6b and 6c.
If "No," skip lines 6b and 6c.

b Enter the first day of the first testing year for which such notice applied (MMDDYYYY) ▶/...../.....

c Enter the filing date (MMDDYYYY)/...../.....

d Enter the filing location code (see instructions) ☐

7 First testing year for which this notice applies (MMDDYYYY)/...../.....

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

Signature ▶

Title ▶

Date ▶

Part III Complete lines 6 through 11 if you are filing a notice of qualified separate lines of business (QSLOB) (Continued).

- 8** Are you filing this form to give notice that you are revoking a previously filed notice and that you are no longer testing on a QSLOB basis? Yes ☐ No ☐
 If "Yes," complete line 9 and skip lines 10 and 11.
 If "No," complete lines 9, 10, and 11.
- 9** Check the box(es) for the appropriate code section(s) for which the employer is testing on a QSLOB basis (or for which the employer tested, if the answer to line 8 is "Yes").
☐ Section 410(b) ☐ Section 401(a)(26) ☐ Section 129(d)(8)
- 10** On an attached list, identify each QSLOB operated by the employer. See the line 10 instructions for more details.
- 11** Enter the following information relating to each plan maintained by the employer. If more than 1 plan, attach a schedule for each plan showing the information requested on lines 11a through 11e. See instructions.
- a** Name of plan:
- b** Date (MMDDYYYY) of determination letter, if any ► /
- c** If the plan is a master or prototype or volume submitter plan, enter:
(1) the date (MMDDYYYY) of the letter ► /
(2) the serial number or Advisory letter number. ►
- d** Enter the appropriate code number that indicates the location of the pending letter request, if applicable (see instructions). ► ☐
- e** List each QSLOB that has employees benefiting under the plan:
-
-

