

**NOTIFICATION OF PLAN ABANDONMENT AND INTENT TO SERVE AS
QUALIFIED TERMINATION ADMINISTRATOR**

[Date of notice]

Abandoned Plan Coordinator, Office of Enforcement
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Ave., NW
Suite 600
Washington, DC, 20210

Re: <u>Plan Identification</u> [Plan name and plan number] [EIN] [Plan account number] [Address] [Telephone number]	<u>Qualified Termination Administrator</u> [Name] [Address] [E-mail address] [Telephone number] [EIN]
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Abandoned Plan Coordinator:

Pursuant to 29 CFR 2578.1(b), we have determined that the subject plan is or may become abandoned by its sponsor. We are eligible to serve as a Qualified Termination Administrator for purposes of terminating and winding up the plan in accordance with 29 CFR 2578.1, and hereby elect to do so.

We find that {check the appropriate box below and provide additional information as necessary}:

- There have been no contributions to, or distributions from, the plan for a period of at least 12 consecutive months immediately preceding the date of this letter. Our records indicate that the date of the last contribution or distribution was {enter appropriate date}.
- The following facts and circumstances suggest that the plan is or may become abandoned by the plan sponsor {add description below}:
