

Part II – Known Service Providers of the Plan

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Part III – Services and Related Expenses to be Paid

<u>Services</u>	<u>Service Provider</u>	<u>Estimated Cost</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Part IV – Investigation

In the past 24 months *{check one box}*:

Neither we nor our affiliates are or have been the subject of an investigation, examination, or enforcement action by the Department, Internal Revenue Service, or Securities and Exchange Commission concerning such entity's conduct as a fiduciary or party in interest with respect to any plan covered by the Act.

We or our affiliates are or have been the subject of an investigation, examination, or enforcement action by the Department, Internal Revenue Service, or Securities and Exchange Commission concerning such entity's conduct as a fiduciary or party in interest with respect to any plan covered by the Act.

Part V – Contact Person *{enter information only if different from signatory}*:

[Name]
[Address]
[E-mail address]
[Telephone number]

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

[Signature]
[Title of person signing on behalf the Qualified Termination Administrator]
[Address, e-mail address, and telephone number]