



UNITED STATES DEPARTMENT OF LABOR EMPLOYEE BENEFITS SECURITY ADMINISTRATION VFCP AND ABANDONED PLAN PROGRAM WEBINAR

Webinar 1: Abandoned Plan Program (APP) - This program allows financial institutions holding the assets of abandoned plans to distribute the assets and terminate the plans themselves, or hire others to do so, and use the plan assets to pay reasonable expenses.

This free online webinar helps asset custodians understand how to serve as a Qualified Termination Administrator (QTA). Service providers who may be hired by QTAs under the program will also benefit from this webinar.

Webinar 2: Voluntary Fiduciary Correction Program (VFCP) - The VFCP is a voluntary compliance program that encourages the correction of possible violations of Title I of the Employee Retirement Income Security Act (ERISA).

During these interactive webinars, you will have an opportunity to ask questions about these programs, as well as obtain one-on-one assistance from EBSA representatives.

Pre-registration for the webinar is required by July 24, 2013 to receive your electronic invitation and URL link prior to the webinar. Registration is limited to the first 100 registrants. Late registrations will be accepted based upon availability. Please act quickly to reserve your spot!

Unlimited staff members may participate in the online webinar; however, only one connection will be available per registrant.

EBSA representatives will be available to address your specific questions.

- One-on-one assistance requested.
- Individuals with disabilities who need special accommodations please check here.
- The attendees list will be available on request. Please check here if you do not want your name shared.

When: July 25, 2013

Where: Live over the internet!

Cost: The webinar and all materials provided are free!

Registration: Fax this form to (626) 229-1098 or e-mail Registration-LARO@dol.gov

Webinar Selection and Registration Form

11:00 – 12:00 pm (PST) Abandoned Plan Program Webinar

1:00 – 2:15 pm (PST) VFCP Webinar

REGISTRANTS NAME:

TITLE:

COMPANY AND/OR ASSOCIATION:

ADDRESS:

TELEPHONE/FAX NUMBER:

EMAIL ADDRESS: