

Narrative and Calculations

List...

- (1)** all persons materially involved in the Breach and its correction (e.g., fiduciaries, service providers):

- (2)** An explanation of the Breach, including the date(s) it occurred (attach separate sheets if necessary):

- (3)** An explanation of how the Breach was corrected, by whom, and when (attach separate sheets if necessary):

- (4)** For correction of Delinquent Remittance of Participant Funds, provide a statement from a Plan Official identifying the earliest date on which participant contributions/loan repayments reasonably could have been segregated from the employer's general assets (attach supporting documentation on which Plan Official relied):

- (5)** Specific calculations demonstrating how Principal Amount and Lost Earnings or Restoration of Profits was calculated (attach separate sheets if necessary):

Supplemental Information

(1) Plan Sponsor Name:

EIN: _____

Address: _____

(2) Plan Name: _____

Plan Number: _____

(3) Plan Administrator Name: _____

EIN: _____

Address: _____

(4) Name of Authorized Representative:

Address: _____

_____ Telephone: _____

(5) Name of Contact Person:

Address: _____

_____ Telephone: _____

(6) Date of Most Recent Annual Report Form 5500 Filing: ___ / ___ / ___ for Plan Year Ending: ___ / ___ / ___

(7) Is Applicant Seeking Relief Under the VFC Program Class Exemption? ___ Yes ___ No

Authorization of Preparer

I have authorized (insert name of authorized representative)

_____ *to represent me concerning this VFC Program application.*

Name of Plan Official

Signature of Plan Official

Penalty of Perjury Statement

The following statement must be signed and dated by a plan fiduciary with knowledge of the transaction that is the subject of the application and by the authorized representative, if any. Each Plan Official applying under the VFC Program must also sign and date the statement, which must accompany any subsequent additions to the application.

“Under penalties of perjury I certify that I am not Under Investigation (as defined in VFC Program Section 3(b)(3)) and that I have reviewed this application, including all supporting documentation, and to the best of my knowledge and belief the contents are true, correct, and complete.”

Name and Title

Signature _____

Date _____

Name and Title

Signature _____

Date _____

Paperwork Reduction Act Notice

The information identified on this form is required for a valid application for the Voluntary Fiduciary Correction Program of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA). You are not required to use this form; however, you must supply the information identified in order to receive the relief offered under the Program with respect to a breach of fiduciary responsibility under Part 4 of Title I of ERISA. EBSA will use this information to determine whether you have satisfied the requirements of the Program. EBSA estimates that assembling and submitting this information will require an average of 6 to 8 hours. This collection of information is currently approved under OMB Control Number 1210-0118. You are not required to respond to a collection of information unless it displays a currently valid OMB Control Number.