

Benefit Assurance

Date	Employer Identification Number (EIN)	DLN
Address	Person to contact	Contact telephone number
	Plan name	Plan number

Complete and return this form to the Technical or Review Staff at the address shown below.

Date of termination

Date(s) excess assets received	Amount
Date(s) guaranteed annuity contracts purchased	Amount
Date(s) lump sum distributions paid	Amount

I certify that the above plan's liabilities to all plan participants have been satisfied by the purchase of guaranteed annuity contracts or the payment of lump sum distributions.

Signature	Title	Date
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Mail the information requested in this form to the following address: IRS - Tax Exempt and Government Entities
CPC:C&CA Referrals Group
Mail Stop 4910DAL
1100 Commerce Street
Dallas, TX 75242-1027