



# Standard Termination Designation of Representative

## PBGC Schedule REP-S

Approved OMB 1212-0036  
Expires 3/31/2026

<b>PART I. IDENTIFYING INFORMATION</b>	
<b>1a</b> Plan Name	<b>1b</b> 9-digit employer identification number (EIN)
	<b>1c</b> 3-digit plan number (PN)
<b>2a</b> Plan Administrator's name and address (Address should include room or suite no.)	<b>2b</b> Plan Administrator's telephone number
	<b>2c</b> E-mail address (optional)

<b>PART II. DESIGNATION OF REPRESENTATIVE(S)</b>	
<b>3</b> I, _____, Plan Administrator of the above-named pension plan, hereby appoint the following representative(s) to act on my behalf before the Pension Benefit Guaranty Corporation on all matters (other than those specifically excluded below) relating to the termination of the above-named pension plan:	
<b>4a</b> Representative's name and address (Address should include room or suite no.)	<b>4b</b> Telephone number
	<b>4c</b> E-mail address (optional)
<b>4d</b> Representative's name and address (Address should include room or suite no.)	<b>4e</b> Telephone number
	<b>4f</b> E-mail address (optional)

**5** Matters excluded from authority of representative(s). List any specific acts with respect to the plan termination that you are excluding from the acts otherwise authorized in this designation:

<b>PART III. RETENTION / REVOCATION OF PRIOR DESIGNATION(S)</b>		
<b>6a</b> Have you filed any prior designation(s) of representative(s) for this termination?	Yes	No
<b>6b</b> If "Yes," do you want any such prior designation(s) of representative(s) to remain in effect? (Attach a copy of all prior designations that are to remain in effect.)	Yes	No

**PART IV. SIGNATURE OF PLAN ADMINISTRATOR**

**NOTE:** The PBGC will NOT accept unsigned designations. If the Plan Administrator is a board (or similar group) composed of employer and employee representatives, at least one employer representative and one employee representative must sign this form. If the plan does not designate a plan administrator or it designates the plan sponsor or the contributing sponsor as the plan administrator, this form must be signed by an officer of the plan sponsor or contributing sponsor who has the authority to sign on behalf of that entity.

**In executing this document, I certify that the foregoing is true and correct, and recognize that knowingly and willfully making false, fictitious, or fraudulent statements to the PBGC is punishable under 18 U.S.C. § 1001.**

\_\_\_\_\_  
Plan Administrator's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name and title