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January 5, 2022

This is to certify that the requested amount of Special Financial Assistance (“SFA”) of \$210,232,831 is the amount to which the Local 365 UAW Pension Fund (“Fund”) is entitled under section 4262(j)(1) of ERISA and §4262.4 of PBGC’s SFA regulation. The amount of SFA for the Fund was calculated as of the SFA measurement date of June 30, 2021 in accordance with generally accepted actuarial principles and practices and the provisions under §4262.4(e) of PBGC’s SFA regulation.

Segal has determined the amount of SFA at the request of the Board of Trustees as part of the Fund’s application for SFA. The calculation of the amount of SFA shown in the Fund’s application for SFA is not applicable for other purposes.

The calculation of the amount of SFA is based on the assumptions and methods used in the 2020 certification of actuarial plan status, dated March 30, 2020, modified as described in Section D, Item 6b of the *“Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance.”* In addition, it is based on the participant data used for the 2020 actuarial valuation of the Plan, dated January 14, 2021, the fair market value of assets as of the SFA measurement date certified by the plan sponsor, and other relevant information provided by the Fund Administrator. Segal does not audit the data provided. The accuracy and comprehensiveness of the data is the responsibility of those supplying the data. To the extent we can, however, Segal does review the data for reasonableness and consistency. Based on our review of the data, we have no reason to doubt the substantial accuracy of the information on which we have based the calculation of the SFA amount and we have no reason to believe there are facts or circumstances that would affect the validity of these results.

Segal does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretation on which these calculations are based reflects Segal’s understanding as an actuarial firm.

I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein. To the best of my knowledge, the information supplied herein is complete and accurate. Each prescribed assumption for the determination of the amount of SFA was applied in accordance with applicable law and regulations. In my opinion, all other assumptions are reasonable taking into account the experience of the plan and reasonable expectations.

A handwritten signature in black ink that reads "Joshua Kaplan".

Joshua Kaplan
Vice President & Actuary
Enrolled Actuary No. 20-05487

SECTION D – Plan Statements – Amendment

The following amends and replaces the last item of **(6) Assumption Changes** from **SECTION D – Plan Statements** from the original SFA application on September 23, 2021.

Exclusion of Projected Benefit Payments

Prior Assumption: 90% of projected benefit payments for terminated vested participants past their required beginning date were excluded from the 2020 zone certification solvency projection.

Revised Assumption: For terminated vested participants past their required beginning date, all projected benefit payments were included if the participant was not deceased and was age 85 or younger as of the SFA measurement date; otherwise no projected benefit payments were included.

Rationale: In the zone certification solvency projection, we were primarily concerned with matching short-term cash flow. For the SFA application, we are concerned with cash flow over the next thirty years. The Fund Administrator has done death searches for these participants, so we have no reason to believe that the remaining participants are not alive and we fully expect that they will eventually be paid the full retirement benefits that are due to them. Therefore, it is unreasonable to exclude any portion of the projected benefit payments for the SFA application, except for those that are extremely old and therefore unlikely to claim a benefit if they have not yet done so. Note that the Fund has and continues to pay PBGC premiums for all plan participants regardless of age and how they are treated in the actuarial valuation and zone certification.

Note: The original application included 112 terminated vested participants past their required beginning date as of the census data date (January 1, 2020). Of those, the administrator identified 30 that had died prior to the SFA measurement date (June 30, 2021) and there were an additional 20 that were over age 85 as of the SFA measurement date (June 30, 2021). Therefore, this revised application includes the expected benefit payments for 62 terminated vested participants past their required beginning date.



Joshua Kaplan
Vice President & Actuary
Enrolled Actuary No. 20-05487

Application Checklist


v20210708p

Instructions for Section E, Item 1 of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance (SFA):

The Application for Approval of Special Financial Assistance Checklist ("Application Checklist" or "Checklist") identifies all information required to be filed with the application.

The information in this Application Checklist, and the Application Checklist itself, are uploaded in PBGC's e-Filing Portal by logging into the e-Filing Portal, going to the Multiemployer Events section and clicking on "Create New ME Filing," and then under "Select a Filing Type," selecting "Application for Financial Assistance – Special." Note, if you go to the e-Filing Portal and do not see the option "Application for Financial Assistance – Special," this means that the portal is currently closed and PBGC is not accepting applications at this time, unless the plan is eligible to make an emergency filing under § 4262.10(f). PBGC's website at www.pbgc.gov will be updated when the e-Filing Portal reopens for applications. PBGC maintains information on its website at www.pbgc.gov to inform prospective applicants about the current status of the e-Filing portal, as well as to provide advance notice of when PBGC expects to open or temporarily close the e-Filing Portal.

General instructions for completing the Application Checklist:

Complete all items that are shaded: 

If required information was already filed: (1) through PBGC's e-Filing Portal; or (2) through any means for an insolvent plan, a plan that has received a partition, or a plan that submitted an emergency filing, the filer may either upload the information with the application or include a statement in the Plan Comments section of the Application Checklist indicating the date on which and the submission with which the information was previously filed. For any such items previously provided, enter N/A as the **Plan Response**.

If a revised application is filed after a denial was received but the application was not withdrawn, the revised application must differ from the denied application only to the extent necessary to address the reasons provided by PBGC for the denial. For the revised application, the filer may, but is not required to, submit an entire application. A revised application for SFA must use the same SFA measurement date, participant census data, and interest rate assumption as were used in the plan's initial application. For all Application Checklist Items that were previously filed that are not being changed, the filer may include a statement in the Plan Comments section of the Application Checklist to indicate that the other information was previously provided as part of the initial application. For each, enter N/A as the **Plan Response**.

If a revised application is filed after an application was withdrawn, the revised application must use the same SFA measurement date, participant census data, and interest rate assumption from the initial application. Upload only the information that changed from the initial application. For all Application Checklist Items that were previously filed that are not being changed, include a statement in the Plan Comments section of the Application Checklist to indicate that the information was previously provided as part of the initial application. For each, enter N/A as the **Plan Response**.

Instructions for specific columns:

Plan Response: Provide a response to each item on the Application Checklist, using only the **Response Options** shown for each Checklist Item.

Application Checklist

v20210708p

Instructions for Section E, Item 1 of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance (SFA):

Name(s) of Files Uploaded: Identify the full name of the file or files uploaded that are responsive to the Checklist Item. The column **Upload as Document Type** provides guidance on the "document type" to select when submitting documents on PBGC's e-Filing Portal.

Page Number Reference(s): For any Checklist Item where only a portion of the submitted document is responsive, identify the page numbers in the identified document that are responsive.

Plan Comments: Use this column to provide explanations for any **Plan Response** that is N/A, to respond as may be specifically identified for Checklist Items, and to provide any optional explanatory comments.

Supplemental guidance is provided in the following columns:

Upload as Document Type: When uploading documents in PBGC's e-Filing Portal, select the appropriate Document Type for each document that is uploaded. This column provides guidance on the Document Type to select for each Checklist Item. You may upload more than one document using the same Document Type, and there may be Document Types on the e-Filing Portal for which you have no documents to upload.

Requested File Naming (if applicable): For certain Checklist Items, a specified format for naming the file is requested.

SFA Regulation Reference: Identifies the applicable section of PBGC's regulation.

SFA Instructions Reference: Identifies the applicable section and item number in PBGC's Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance.

You must select N/A if a Checklist Item # is not applicable to your application. **Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47 on the Application Checklist.** If there has been a plan merger as described in § 4262.4(f)(1)(ii), you also must provide responses for Checklist Items #48 through #60 on the Application Checklist. If you are required to provide responses for Checklist Items #48 through #60, your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #48 through #60 on the Application Checklist. All other plans should not provide responses for Items #48 through #60 of the Application Checklist.

If a Checklist Item # asks multiple questions or requests multiple items, the Plan Response should only be Yes if the plan is providing all information requested for that Checklist Item.

Note, a Yes or No response is required for the three initial questions concerning whether or not this application is a submission of a revised application, or whether the plan has been terminated.

Application Checklist

v20210708p

Instructions for Section E, Item 1 of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance (SFA):

Note, in the case of a plan applying for priority consideration, the plan's application must also be submitted to the Treasury Department. If that requirement applies to an application, PBGC will transmit the application to the Treasury Department on behalf of the plan. See IRS Notice [NOTICE] for further information.

All information and documentation, unless covered by the Privacy Act, that is included in an SFA application may be posted on PBGC's website at www.pbgc.gov or otherwise publicly disclosed, without additional notification. Except to the extent required by the Privacy Act, PBGC provides no assurance of confidentiality in any information included in an SFA application.

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Local 365 UAW Pension Fund
EIN:	11-6045281
PN:	001
SFA Amount Requested:	\$210,232,831.00
Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.	

-----Filers provide responses here for each Checklist Item:-----
 Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #	Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
Plan Information, Checklist, and Certifications									
	Is this application a revised application submitted after the denial of a previously filed application for SFA?	Yes No	No						
	Is this application a revised application submitted after a plan has withdrawn its application for SFA?	Yes No	No						
	Has this plan been terminated?	Yes No	No		If terminated, provide date of plan termination.				
1.	Does the application include a fully completed Application Checklist, including the required information at the top of the Application Checklist (plan name, employer identification number (EIN), 3-digit plan number (PN), and SFA amount requested)?	Yes No	Yes	Checklist UAW 365 PF.xlsx			Special Financial Assistance Checklist	Checklist Pension Plan Name, where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.6(a) Section E, Item 1
2.	Does the application include an SFA request cover letter (optional)? Enter N/A if no letter is provided.	Yes N/A	Yes	Special Financial Assistance Application.pdf	1		Financial Assistance Request Letter		Section D, Item 1
3.	Was the application signed and dated by an authorized trustee who is a current member of the board of trustees or another authorized representative of the plan sponsor?	Yes No	Yes	Special Financial Assistance Application.pdf	2		Financial Assistance Application	§ 4262.6(b)(1)	Section D
4.	Does the application include the required penalties of perjury statement signed by an authorized trustee who is a current member of the board of trustees?	Yes No	Yes	Special Financial Assistance Application.pdf	2		Financial Assistance Application	§ 4262.6(b)(2)	Section E, Item 6
5.	Does the application include the name, address, email, and telephone number of the plan sponsor? Does it also include the same contact information for the plan sponsor's duly authorized representatives, including legal counsel and enrolled actuary?	Yes No	Yes	Special Financial Assistance Application.pdf	3		Financial Assistance Application	§ 4262.7(a)	Section D, Item 2
6.	Does the application identify the eligibility criteria in § 4262.3 that qualifies the plan as eligible to receive SFA, and include the requested information for each item that is applicable, as described in Section D, Item 3 of the instructions?	Yes No	Yes	Special Financial Assistance Application.pdf	4	The Plan is eligible as an insolvent plan.	Financial Assistance Application	§ 4262.3 § 4262.7(b)	Section D, Item 3
7a.	If the plan claims SFA eligibility under section 4262(b)(1)(C) of ERISA, does the application include a certification from the plan's enrolled actuary that the plan is eligible for SFA which specifically notes the specified year for each component of eligibility (certification of plan status, modified funding percentage, and participant ratio), the detailed derivation of the modified funding percentage, and the derivation of the participant ratio?	Yes No N/A	N/A			The Plan is not claiming SFA eligibility under section 4262(b)(1)(C) of ERISA	Financial Assistance Application	§ 4262.6(c) § 4262.7(b)	Section E, Item 2
7b.	Does the certification in Checklist Item #7a also identify all assumptions and methods (including supporting rationale and, where applicable, reliance on the plan sponsor) used to develop the current value of withdrawal liability that is utilized in the calculation of the modified funded percentage?	Yes No N/A	N/A			The Plan is not claiming SFA eligibility under section 4262(b)(1)(C) of ERISA	Financial Assistance Application	§ 4262.6(c) § 4262.7(b)	Section E, Item 2
8a.	If the plan's application is submitted on or before March 11, 2023, does the application identify the plan's priority group (see § 4262.10(d)(2))?	Yes No N/A	Yes	Special Financial Assistance Application.pdf	4	The Plan is in Priority Group 1	Financial Assistance Application	§ 4262.7(c) § 4262.10(d)(2)	Section D, Item 4

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Local 365 UAW Pension Fund
EIN:	11-6045281
PN:	001
SFA Amount Requested:	\$210,232,831.00
Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.	

-----Filers provide responses here for each Checklist Item:-----
 Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
8b.	If the plan is submitting an emergency application under § 4262.10(f), is the application identified as an emergency application with the applicable emergency criteria identified?	Yes No N/A	N/A			The Plan is not submitting an emergency application.	Financial Assistance Application		§ 4262.10(f)	Section D, Item 4
9.	If the plan's application is submitted on or prior to March 11, 2023, does the application include a certification from the plan's enrolled actuary that the plan is eligible for priority status, with specific identification of the applicable priority group? This item is not required if the plan is insolvent, has implemented a MPRA suspension as of 3/11/2021, is in critical and declining status and had 350,000+ participants, or is listed on PBGC's website at www.pbgc.gov as being in priority group 6. See § 4262.10(d).	Yes No N/A	N/A			This item is not required since the Plan is insolvent.	Financial Assistance Application		§ 4262.6(c) § 4262.7(c) § 4262.10(d)(2)	Section E, Item 3
10.	Does the application include the information used to determine the amount of requested SFA for the plan based on a deterministic projection and using the actuarial assumptions as described in § 4262.4? Does the application include the following? a. Interest rate used, including supporting details (such as, if applicable, the month selected by plan sponsor to determine the third segment rate used to calculate the interest rate limit) on how it was determined? b. Fair market value of assets on the SFA measurement date? c. For each plan year in the SFA coverage period: i. Separately identify the projected amount of contributions, projected withdrawal liability payments, and other payments expected to be made to the plan (excluding the amount of financial assistance under section 4261 of ERISA and the SFA to be received by the plan)? ii. Separately identify benefit payments described in § 4262.4(b)(1) (excluding the payments in (iii) below), for current retirees and beneficiaries, terminated vested participants not currently receiving benefits, currently active participants, and new entrants? iii. Separately identify benefit payments described in § 4262.4(b)(1) attributable to the reinstatement of benefits under § 4262.15 that were previously suspended through the SFA measurement date? iv. Separately identify administrative expenses expected to be paid using plan assets, excluding the amount owed PBGC under section 4261 of ERISA? d. For each plan year in the SFA coverage period, the projected investment income based on the interest rate in (a) above, and the projected fair market value of assets at the end of each plan year? e. The present value (using the interest rate identified in (a) above) as of the SFA measurement date of each of the separate items provided in (c)(i)-(iv) above? f. SFA amount determined as a lump sum as of the SFA measurement date?	Yes No	Yes	Template 4 UAW 365 PF.xlsx			Projections for special financial assistance (estimated income, benefit payments and expenses)	Template 4 Pension Plan Name where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.4 § 4262.8(a)(4)	Section C, Item 4
11.	Does the application include the plan's enrolled actuary's certification that the requested amount of SFA is the amount to which the plan is entitled under section 4262(j)(1) of ERISA and § 4262.4 of PBGC's SFA regulation, including identification of all assumptions and methods used, sources of participant data and census data, and other relevant information? This certification should be calculated reflecting any events and any mergers identified in § 4262.4(f).	Yes No	Yes	Certification of Amount of Special Financial Assistance.PDF			Financial Assistance Application		§ 4262.4 § 4262.6(c) § 4262.8(a)(4)	Section E, Item 4
12.	Does the application include a detailed narrative description of the development of the assumed future contributions and assumed future withdrawal liability payments used to calculate the requested SFA amount?	Yes No	Yes	Special Financial Assistance Application.pdf	4		Financial Assistance Application		§ 4262.8(a)(6)	Section D, Item 5

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Local 365 UAW Pension Fund
EIN:	11-6045281
PN:	001
SFA Amount Requested:	\$210,232,831.00
Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.	

-----Filers provide responses here for each Checklist Item:-----

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
13.	For plans eligible for SFA under § 4262.3(a)(1) or § 4262.3(a)(3), does the application identify which assumptions (if any) used in showing the plan's eligibility for SFA differ from those used in the most recent certification of plan status completed before 1/1/2021? If there are any assumption changes, does the application include detailed explanations and supporting rationale and information as to why using the identified assumptions is no longer reasonable and why the changed assumptions are reasonable? Enter N/A if the plan is not eligible under § 4262.3(a)(1) or § 4262.3(a)(3). Enter N/A if there are no such assumption changes.	Yes No N/A	N/A			The Plan is not claiming SFA eligibility under those sections.	Financial Assistance Application		§ 4262.5 § 4262.8(b)(1)	Section D, Item 6.a.
14a.	Does the application identify which assumptions (if any) used to determine the requested SFA amount differ from those used in the most recent certification of plan status completed before 1/1/2021 (except for the interest rate, which is determined as required by § 4262.4(3)(1))? If there are any assumption changes, does the application include detailed explanations and supporting rationale and information as to why using the identified original assumptions is no longer reasonable and why the changed assumptions are reasonable? Does the application state if the changed assumption is an extension of the CBU assumption or the administrative expenses assumption as described in Paragraph A "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's guidance on Special Financial Assistance Assumptions?	Yes No	Yes	Special Financial Assistance Application.pdf	4-8		Financial Assistance Application		§ 4262.5 § 4262.8(b)(1)	Section D, Item 6.b.
14b.	If a plan-specific mortality table is used for Checklist Item #14a, is supporting information provided that documents the methodology used and the rationale for selection of the methodology used to develop the plan-specific rates, as well as detailed information showing the determination of plan credibility and plan experience?	Yes No N/A	N/A			The Plan is not using a plan-specific mortality table.	Financial Assistance Application		§ 4262.5 § 4262.8(b)(1)	Section D, Item 6.b.
15a.	Does the application include a certification from the plan sponsor with respect to the accuracy of the amount of the fair market value of assets as of the SFA measurement date? Does the certification reference and include information that substantiates the asset value and any projection of the assets to the SFA measurement date?	Yes No	Yes	Special Financial Assistance Application.pdf			Financial Assistance Application		§ 4262.8(a)(4)(ii)	Section E, Item 5
15b.	Does the certification in Checklist Item #15a reference and include information that substantiates the asset value and any projection of the assets to the SFA measurement date?	Yes No	Yes	Special Financial Assistance Application.pdf			Financial Assistance Application		§ 4262.8(a)(4)(ii)	Section E, Item 5
16a.	Does the application include, for an eligible plan that implemented a suspension of benefits under section 305(e)(9) or section 4245(a) of ERISA, a narrative description of how the plan will reinstate the benefits that were previously suspended and a proposed schedule of payments (equal to the amount of benefits previously suspended) to participants and beneficiaries? Enter N/A for a plan that has not implemented a suspension of benefits.	Yes No N/A	Yes	Special Financial Assistance Application.pdf	9		Financial Assistance Application		§ 4262.7(d) § 4262.15	Section D, Item 7 Section C, Item 4(c)(iii)
16b.	If Yes was entered for Checklist Item #16a, does the proposed schedule show the yearly aggregate amount and timing of such payments, and is it prepared assuming the effective date for reinstatement is the day after the SFA measurement date? Enter N/A for a plan that entered N/A for Checklist Item #16a.	Yes No N/A	Yes	Special Financial Assistance Application.pdf	9		Financial Assistance Application		§ 4262.7(d) § 4262.15	Section D, Item 7 Section C, Item 4(c)(iii)

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Local 365 UAW Pension Fund
EIN:	11-6045281
PN:	001
SFA Amount Requested:	\$210,232,831.00
Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.	

-----Filers provide responses here for each Checklist Item:-----

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
16c.	If the plan restored benefits under 26 CFR 1.432(e)(9)-1(e)(3) before the SFA measurement date, does the proposed schedule reflect the amount and timing of payments of restored benefits and the effect of the restoration on the benefits remaining to be reinstated? Enter N/A for a plan that did not restore benefits under 26 CFR 1.432(e)(9)-1(e)(3) before the SFA measurement date. Also enter N/A for a plan that entered N/A for Checklist Items #16a and #16b.	Yes No N/A	N/A			The Plan did not restore benefits under that section.	Financial Assistance Application		§ 4262.7(d) § 4262.15	Section D, Item 7 Section C, Item 4(c)(iii)
17.	If the SFA measurement date is later than the end of the plan year for the most recent plan financial statements, does the application include a reconciliation of the fair market value of assets from the date of the most recent plan financial statements to the SFA measurement date, showing beginning and ending fair market value of assets, contributions, withdrawal liability payments, benefits paid, administrative expenses, and investment income? Enter N/A if the SFA measurement date is not later than the end of the plan year for the most recent plan financial statements.	Yes No N/A	Yes	Special Financial Assistance Application.pdf	10		Financial Assistance Application		§ 4262.8(a)(4)(ii)	Section D, Item 8
18.	Does the application include the most recent plan document or restatement of the plan document and all amendments adopted since the last restatement (if any)?	Yes No	Yes	L365PF-Amended & Restated Plan Doc 2015			Pension plan documents, all versions available, and all amendments signed and dated		§ 4262.7(e)(1)	Section B, Item 1(a)
19.	Does the application include a copy of the executed plan amendment required by section 4262.6(e)(1) of PBGC's special financial assistance regulation?	Yes No	Yes	Ammendment UAW 365 PF			Pension plan documents, all versions available, and all amendments signed and dated		§ 4262.7(e)(1) § 4262.6(e)(1)	Section B, Item 1(c)
20.	Does the application include the most recent trust agreement or restatement of the trust agreement, and all amendments adopted since the last restatement (if any)?	Yes No	Yes	L365PF-Trust Agrmt w. amendment			Pension plan documents, all versions available, and all amendments signed and dated		§ 4262.7(e)(3)	Section B, Item 1(b)
21.	In the case of a plan that suspended benefits under section 305(e)(9) or section 4245 of ERISA, does the application include a copy of the proposed plan amendment required by § 4262.6(e)(2) and a certification from the plan sponsor that it will be timely executed? Enter N/A if there was no suspension of benefits.	Yes No N/A	Yes	Ammendment UAW 365 PF			Pension plan documents, all versions available, and all amendments signed and dated		§ 4262.7(e)(2) § 4262.6(e)(2)	Section B, Item 1(d)
22.	In the case of a plan that was partitioned under section 4233 of ERISA, does the application include a statement that the plan was partitioned under section 4233 of ERISA and a copy of the amendment required by § 4262.9(c)(2)? Enter N/A if the plan was not partitioned.	Yes No N/A	N/A			The Plan was not partitioned	Pension plan documents, all versions available, and all amendments signed and dated		§ 4262.7(e)(1) § 4262.9(b)(2)	Section B, Item 1(e)
23.	Does the application include the most recent IRS determination letter? Enter N/A if the plan does not have a determination letter.	Yes No N/A	Yes	L365 Pension IRS Determination Letter 04.25.2011			Pension plan documents, all versions available, and all amendments signed and dated		§ 4262.7(e)(3)	Section B, Item 1(f)
24.	Does the application include the actuarial valuation report for the 2018 plan year and each subsequent actuarial valuation report completed before the application filing date?	Yes No	Yes	2018AVR UAW 365 PF.pdf, 2019AVR UAW 365 PF.pdf, 2020AVR UAW 365 PF.pdf			Most recent actuarial valuation for the plan	YYYYAVR Pension Plan Name, where "YYYY" is plan year and "Pension Plan Name" is abbreviated version of the plan name	§ 4262.7(e)(5)	Section B, Item 2
25a.	Does the application include the most recent rehabilitation plan (or funding improvement plan, if applicable), including all subsequent amendments and updates, and the percentage of total contributions received under each schedule of the rehabilitation plan or funding improvement plan for the most recent plan year available?	Yes No N/A	Yes	UAW L365PF - Rehab Plan (11.03.11)			Rehabilitation plan (or funding improvement plan, if applicable)		§ 4262.7(e)(6)	Section B, Item 3
25b.	If the most recent rehabilitation plan does not include historical documentation of rehabilitation plan changes (if any) that occurred in calendar year 2020 and later, does the application include a supplemental document with these details?	Yes No N/A	N/A			Historical information included	Rehabilitation plan (or funding improvement plan, if applicable)		§ 4262.7(e)(6)	Section B, Item 3

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Local 365 UAW Pension Fund
EIN:	11-6045281
PN:	001
SFA Amount Requested:	\$210,232,831.00
Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.	

-----Filers provide responses here for each Checklist Item:-----

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
26.	Does the application include the plan's most recent Form 5500 (Annual Return/Report of Employee Benefit Plan) and all schedules and attachments (including the audited financial statement)?	Yes No	Yes	L365 PF 2019 5500			Latest annual return/report of employee benefit plan (Form 5500)	YYYYForm5500 Pension Plan Name , where "YYYY" is the plan year and "Pension Plan Name" is abbreviated version of the plan name.	§ 4262.7(e)(7)	Section B, Item 4
27a.	Does the application include the plan actuary's certification of plan status ("zone certification") for the 2018 plan year and each subsequent annual certification completed before the application filing date? Enter N/A if the plan does not have to provide certifications for any requested plan year.	Yes No N/A	Yes	2018Zone20180330 UAW 365 PF.pdf, 2019Zone20190329 UAW 365 PF.pdf, 2020Zone20200330 UAW 365 PF.pdf, 2021Zone20210331 UAW 365 PF.pdf		There are four zone certifications provided.	Zone certification	YYYYZoneYYYYMMDD Pension Plan Name , where the first "YYYY" is the applicable plan year, and "YYYYMMDD" is the date the certification was prepared. "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.7(e)(8)	Section B, Item 5
27b.	Does the application include documentation for all certifications that clearly identifies all assumptions used including the interest rate used for funding standard account purposes? Enter N/A if the plan entered N/A for Checklist Item #27a.	Yes No N/A	Yes	Same as 27a			Zone certification		§ 4262.7(e)(8)	Section B, Item 5
27c.	For a certification of critical and declining status, does the application include the required plan-year-by-plan-year projection (showing the items identified in Section B, Item 5(a) through 5(f) of the SFA Instructions) demonstrating the plan year that the plan is projected to become insolvent? Enter N/A if the plan entered N/A for Checklist Item #27a or if the application does not include a certification of critical and declining status.	Yes No N/A	Yes	Same as 27a			Zone certification		§ 4262.7(e)(8)	Section B, Item 5
28.	Does the application include the most recent account statements for all of the plan's cash and investment accounts? Insolvent plans may enter N/A, and identify in the Plan Comments that this information was previously submitted to PBGC and the date submitted.	Yes No N/A	Yes	06.30.21_Bank_Stmt's_Combined	1		Bank/Asset statements for all cash and investment accounts		§ 4262.7(e)(9)	Section B, Item 6
29.	Does the application include the most recent plan financial statement (audited, or unaudited if audited is not available)? Insolvent plans may enter N/A, and identify in the Plan Comments that this information was previously submitted to PBGC and the date submitted.	Yes No N/A	Yes	365P Financials 06-30-21 ace - FINAL			Plan's most recent financial statement (audited, or unaudited if audited not available)		§ 4262.7(e)(10)	Section B, Item 7
30.	Does the application include all of the plan's written policies and procedures governing the plan's determination, assessment, collection, settlement, and payment of withdrawal liability?	Yes No N/A	Yes	L365PF-Amended & Restated Plan Doc 2015			Pension plan documents, all versions available, and all amendments signed and dated		§ 4262.7(e)(12)	Section B, Item 8
31.	Does the application include information required to enable the plan to receive electronic transfer of funds, if the SFA application is approved? See SFA Instructions, Section B, Item 9.	Yes No N/A	Yes	L365 PF ACH Form			Other		§ 4262.7(e)(11)	Section B, Item 9
32.	Does the application include the plan's projection of expected benefit payments as reported in response to line 8b(1) on the Form 5500 Schedule MB for plan years 2018 through the last year the Form 5500 was filed before the application submission date? Enter N/A if the plan is not required to respond Yes to line 8b(1) on the Form 5500 Schedule MB. See Template 1.	Yes No N/A	Yes	Template 1 UAW 365 PF.xlsx			Financial assistance spreadsheet (template)	Template 1 Pension Plan Name , where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(a)(1)	Section C, Item 1

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Local 365 UAW Pension Fund
EIN:	11-6045281
PN:	001
SFA Amount Requested:	\$210,232,831.00
Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.	

-----Filers provide responses here for each Checklist Item:-----
 Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
33.	If the plan was required to enter 10,000 or more participants on line 6f of the most recently filed Form 5500, does the application include a current listing of the 15 largest contributing employers (the employers with the largest contribution amounts) and the amount of contributions paid by each employer during the most recently completed plan year (without regard to whether a contribution was made on account of a year other than the most recently completed plan year)? If this information is required, it is required for the 15 largest contributing employers even if the employer's contribution is less than 5% of total contributions. Enter N/A if the plan is not required to provide this information. See Template 2.	Yes No N/A	N/A			The Plan has less than 10,000 participants	Contributing employers	Template 2 Pension Plan Name , where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(a)(2)	Section C, Item 2
34.	Does the application include for each of the most recent 10 plan years immediately preceding the application filing date, the history of total contributions, total contribution base units (including identification of the unit used), average contribution rates, and number of active participants at the beginning of each plan year? Does the history separately show for each of the most recent 10 plan years immediately preceding the application filing date all other sources of non-investment income such as withdrawal liability payments collected, reciprocity contributions (if applicable), additional contributions from the rehabilitation plan (if applicable), and other identifiable sources of contributions? See Template 3.	Yes No	Yes	Template 3 UAW 365 PF.xlsx			Historical Plan Financial Information (CBUs, contribution rates, contribution amounts, withdrawal liability payments)	Template 3 Pension Plan Name , where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(a)(3)	Section C, Item 3
35.	Does the application include a separate deterministic projection ("Baseline") in the same format as Checklist Item #10 that shows the amount of SFA that would be determined if the assumptions used are the same as those used in the most recent actuarial certification of plan status completed before January 1, 2021 ("pre-2021 certification of plan status"), excluding the plan's interest rate which should be the same as used for determining the SFA amount and excluding the CBU assumption and administrative expenses assumption which should reflect the changed assumptions consistent with Paragraph A "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's guidance on Special Financial Assistance Assumptions)? Enter N/A if this item is not required because all assumptions used (except the interest rate, CBU assumption and administrative expenses assumption) to determine the requested SFA amount are identical to those used in the pre-2021 certification of plan status and if the changed assumptions for CBUs and administrative expenses are consistent with Paragraph A "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's guidance on Special Financial Assistance Assumptions. https://www.pbgc.gov/sites/default/files/sfa/SFA-Assumptions-Guidance.pdf See Template 5.	Yes No N/A	Yes	Template 5 UAW 365 PF.xlsx			Financial assistance spreadsheet (template)	Template 5 Pension Plan Name , where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(b)(2)	Section C, Item 5
36.	Does the application include a reconciliation of the change in the total amount of requested SFA due to each change in assumption from the Baseline to the requested SFA amount? Does the application include a deterministic projection and other information for each assumption change, in the same format as for Checklist Item #10? Enter N/A if this item is not required because all assumptions used (except the interest rate, CBU assumption and administrative expenses assumption) to determine the requested SFA amount are identical to those used in the pre-2021 certification of plan status and if the changed assumptions for CBUs and administrative expenses are consistent with Paragraph A "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's guidance on Special Financial Assistance Assumptions, or if the requested SFA amount in Checklist Item #10 is the same as the amount shown in the Baseline details of Checklist Item #32. See Template 6.	Yes No N/A	Yes	Template 6 UAW 365 PF.xlsx			Financial assistance spreadsheet (template)	Template 6 Pension Plan Name , where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(b)(3)	Section C, Item 6

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Local 365 UAW Pension Fund
EIN:	11-6045281
PN:	001
SFA Amount Requested:	\$210,232,831.00
Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.	

-----Filers provide responses here for each Checklist Item:-----
 Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
37a.	For plans eligible for SFA under § 4262.3(a)(1) or § 4262.3(a)(3), does the application include a table identifying which assumptions used in determining the plan's eligibility for SFA differ from those used in the pre-2021 certification of plan status? Enter N/A if the plan is eligible for SFA under § 4262.3(a)(2) or § 4262.3(a)(4) or if the plan is eligible based on a certification of plan status completed before 1/1/2021. Also enter N/A if the plan is eligible based on a certification of plan status completed after 12/31/2020 but that reflects the same assumptions as those in the pre-2021 certification of plan status. See Template 7.	Yes No N/A	N/A			The Plan is not claiming eligibility under these sections.	Financial assistance spreadsheet (template)	Template 7 Pension Plan Name, where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(b)(1)	Section C, Item 7(a)
37b.	Does Checklist Item #37a include brief explanations as to why using those assumptions is no longer reasonable and why the changed assumptions are reasonable? This should be an abbreviated version of information provided in Checklist Item #13. Enter N/A if the plan entered N/A for Checklist Item #37a. See Template 7.	Yes No N/A	N/A			The Plan is not claiming eligibility under these sections.	Financial assistance spreadsheet (template)	Template 7 Pension Plan Name, where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(b)(1)	Section C, Item 7(a)
38.	Does the application include a table identifying which assumptions differ from those used in the pre-2021 certification of plan status (except the interest rate used to determine SFA)? Does this item include brief explanations as to why using those original assumptions is no longer reasonable and why the changed assumptions are reasonable? Does the application state if the changed assumption is an extension of the CBU assumption or the administrative expenses assumption as described in Paragraph A "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's guidance on Special Financial Assistance Assumptions? This should be an abbreviated version of information provided in Checklist Items #14a-b. See Template 7.	Yes No N/A	Yes	Template 7 UAW 365 PF.xlsx			Financial assistance spreadsheet (template)	Template 7 Pension Plan Name, where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(b)(1)	Section C, Item 7(b)
39a.	Does the application include details of the projected contributions and withdrawal liability payments used to calculate the requested SFA amount, including total contributions, contribution base units (including identification of base unit used), average contribution rate(s), reciprocity contributions (if applicable), additional contributions from the rehabilitation plan (if applicable), and any other identifiable contribution streams? See Template 8.	Yes No	Yes	Template 8 UAW 365 PF.xlsx			Financial assistance spreadsheet (template)	Template 8 Pension Plan Name, where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(a)(5)	Section C, Item 8
39b.	Does the application separately show the amounts of projected withdrawal liability payments for employers that are currently withdrawn at the application filing date, and assumed future withdrawals? Does the application also provide the projected number of active participants at the beginning of each plan year? See Template 8.	Yes No	Yes	Template 8 UAW 365 PF.xlsx			Financial assistance spreadsheet (template)	Template 8 Pension Plan Name, where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(a)(5)	Section C, Item 8
39c.	Does the application also provide the projected number of active participants at the beginning of each plan year? See Template 8.	Yes No	Yes	Template 8 UAW 365 PF.xlsx			Financial assistance spreadsheet (template)	Template 8 Pension Plan Name, where "Pension Plan Name" is an abbreviated version of the plan name.	§ 4262.8(a)(5)	Section C, Item 8
Supplemental Information for Certain Events under § 4262.4(f) - Applicable to Any Events in § 4262.4(f)(2) through (f)(4) and Any Mergers in § 4262.4(f)(1)(ii)										
40a.	Does the application include a narrative description of any event and any merger, including relevant supporting documents which may include plan amendments, collective bargaining agreements, actuarial certifications related to a transfer or merger, or other relevant materials? Enter N/A if the plan has not experienced an event or merger.	Yes No N/A	N/A			The Plan has not experienced an event or merger.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section D
40b.	For a transfer or merger event, does the application include identifying information for all plans involved including plan name, EIN and plan number, and the date of the transfer or merger? Enter N/A if the plan has not experienced a transfer or merger event.	Yes No N/A	N/A			The Plan has not experienced an event or merger.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section D

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Local 365 UAW Pension Fund
EIN:	11-6045281
PN:	001
SFA Amount Requested:	\$210,232,831.00
Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.	

-----Filers provide responses here for each Checklist Item:-----
 Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
41a.	Does the narrative description in the application identify the amount of SFA reflecting any event, the amount of SFA determined as if the event had not occurred, and confirmation that the requested SFA provided in Checklist Item #1 is no greater than the amount that would have been determined if the event had not occurred, unless the event is a contribution rate reduction and such event lessens the risk of loss to plan participants and beneficiaries? Enter N/A if the plan has not experienced any event.	Yes No N/A	N/A			The Plan has not experienced an event or merger.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section D
41b.	For a merger, is the determination of SFA as if the event had not occurred equal to the sum of the amount that would be determined for this plan and each plan merged into this plan (each as if they were still separate plans)? Enter N/A if the plan entered N/A for Checklist Item #41a. Enter N/A if the event described in Checklist Item #41a was not a merger.	Yes No N/A	N/A			The Plan has not experienced an event or merger.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section D
42a.	Does the application include a supplemental version of Checklist Item #6 that shows the determination of SFA eligibility as if any events had not occurred? Enter N/A if the plan has not experienced any event.	Yes No N/A	N/A			The Plan has not experienced an event or merger.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section D
42b.	For any merger, does this item include demonstrations of SFA eligibility for this plan and for each plan merged into this plan (each of these determined as if they were still separate plans)? Enter N/A if the plan entered N/A for Checklist Item #42a. Enter N/A if the event described in Checklist Item #42a was not a merger.	Yes No N/A	N/A			The Plan has not experienced an event or merger.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section D
43a.	Does the application include a supplemental certification from the plan's enrolled actuary with respect to the plan's SFA eligibility (see Checklist Item #7), but with eligibility determined as if any events had not occurred? Enter N/A if the plan has not experienced any event.	Yes No N/A	N/A			The Plan has not experienced an event or merger.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section E
43b.	For any merger, does the application include supplemental certifications of the SFA eligibility for this plan and for each plan merged into this plan (each of these determined as if they were still separate plans)? Enter N/A if the plan entered N/A for Checklist Item #43a. Also enter N/A if the event described in Checklist Item #43a was not a merger.	Yes No N/A	N/A			The Plan has not experienced an event or merger.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section E
44a.	Does the application include a supplemental version of Checklist Item #10 that shows the determination of the SFA amount as if any events had not occurred? See Template 4. Enter N/A if the plan has not experienced any events.	Yes No N/A	N/A			The Plan has not experienced an event or merger.	Projections for special financial assistance (estimated income, benefit payments and expenses)	For supplemental submission due to any event: <i>Template 4 Pension Plan Name Supp</i> where "Pension Plan Name" is an abbreviated version of the plan name. For a supplemental submission due to a merger, <i>Template 4 Pension Plan Name Merged</i> , where "Pension Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section C

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Local 365 UAW Pension Fund
EIN:	11-6045281
PN:	001
SFA Amount Requested:	\$210,232,831.00
Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.	

-----Filers provide responses here for each Checklist Item:-----

Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
44b.	For any merger, does the application show the SFA determination for this plan and for each plan merged into this plan (each of these determined as if they were still separate plans)? See Template 4. Enter N/A if the plan entered N/A for Checklist Item #44a. Also enter N/A if the event described in Checklist Item #44a was not a merger.	Yes No N/A	N/A			The Plan has not experienced an event or merger.	Projections for special financial assistance (estimated income, benefit payments and expenses)	For a supplemental submission due to a merger, <i>Template 4 Pension Plan Name Merged</i> , where "Pension Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section C
45a.	Does the application include a supplemental certification from the plan's enrolled actuary with respect to the plan's SFA amount (see Checklist Item #11), but with the SFA amount determined as if any events had not occurred? Enter N/A if the plan has not experienced any events.	Yes No N/A	N/A			The Plan has not experienced an event or merger.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section E
45b.	Does this certification clearly identify all assumptions and methods used, sources of participant data and census data, and other relevant information? Enter N/A if the plan entered N/A for Checklist Item #45a.	Yes No N/A	N/A			The Plan has not experienced an event or merger.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section E
45c.	For any merger, does the application include supplemental certifications of the SFA amount determined for this plan and for each plan merged into this plan (each of these determined as if they were still separate plans)? Enter N/A if the plan entered N/A for Checklist Item #45a. Also enter N/A if the event described in Checklist Item #45a was not a merger.	Yes No N/A	N/A			The Plan has not experienced an event or merger.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section E
45d.	For any merger, do the certifications clearly identify all assumptions and methods used, sources of participant data and census data, and other relevant information? Enter N/A if the plan entered N/A for Checklist Item #45a. Enter N/A if the event described in Checklist Item #45a was not a merger.	Yes No N/A	N/A			The Plan has not experienced an event or merger.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section E
46a.	If the event is a contribution rate reduction and the amount of requested SFA is not limited to the amount of SFA determined as if the event had not occurred, does the application include a detailed demonstration that shows that the event lessens the risk of loss to plan participants and beneficiaries? Enter N/A if the event is not a contribution rate reduction, or if the event is a contribution rate reduction but the requested SFA is limited to the amount of SFA determined as if the event had not occurred.	Yes No N/A	N/A			The Plan has not experienced an event or merger.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section D
46b.	Does this demonstration also identify all assumptions used, supporting rationale for the assumptions and other relevant information? Enter N/A if the plan entered N/A for Checklist Item #46a.	Yes No N/A	N/A			The Plan has not experienced an event or merger.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section D

Application to PBGC for Special Financial Assistance (SFA)

v20210708p

APPLICATION CHECKLIST

Plan name:	Local 365 UAW Pension Fund
EIN:	11-6045281
PN:	001
SFA Amount Requested:	\$210,232,831.00
Your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #1 through #47.	

-----Filers provide responses here for each Checklist Item:-----
 Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
47a.	If the event is a contribution rate reduction and the amount of requested SFA is not limited to the amount of SFA determined as if the event had not occurred, does the application include a certification from the plan's enrolled actuary (or, if appropriate, from the plan sponsor) with respect to the demonstration to support a finding that the event lessens the risk of loss to plan participants and beneficiaries? Enter N/A if the event is not a contribution rate reduction, or if the event is a contribution rate reduction but the requested SFA is limited to the amount of SFA determined as if the event had not occurred.	Yes No N/A	N/A			The Plan has not experienced an event or merger.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section E
47b.	Does this demonstration also identify all assumptions used, supporting rationale for the assumptions and other relevant information? Enter N/A if the event is not a contribution rate reduction, or if the event is a contribution rate reduction but the requested SFA is limited to the amount of SFA determined as if the event had not occurred.	Yes No N/A	N/A			The Plan has not experienced an event or merger.	Financial Assistance Application		§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section E

Supplemental Information for Certain Events under § 4262.4(f) - Applicable Only to Any Mergers in § 4262.4(f)(1)(ii)

Plans that have experienced mergers identified in § 4262.4(f)(1)(ii) must complete Checklist Items #48 through #60. If you are required to complete Checklist Items #48 through #60, your application will be considered incomplete if No is entered as a Plan Response for any of Checklist Items #48 through #60. All other plans should not provide any responses for Checklist Items #48 through #60.

48.	In addition to the information provided with Checklist Item #18, does the application also include similar plan documents and amendments for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No N/A					Pension plan documents, all versions available, and all amendments signed and dated	Use same naming convention as for Checklist Item #18 but with abbreviated plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
49.	In addition to the information provided with Checklist Item #20, does the application also include similar trust agreements and amendments for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No N/A					Pension plan documents, all versions available, and all amendments signed and dated	Use same naming convention as for Checklist Item #20 but with abbreviated plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
50.	In addition to the information provided with Checklist Item #23, does the application also include the most recent IRS determination for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)? Enter N/A if the plan does not have a determination letter.	Yes No N/A					Pension plan documents, all versions available, and all amendments signed and dated	Use same naming convention as for Checklist Item #23 but with abbreviated plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
51.	In addition to the information provided with Checklist Item #24, for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii), does the application include the actuarial valuation report for the 2018 plan year and each subsequent actuarial valuation report completed before the application filing date?	Yes No N/A				Identify here how many reports are provided.	Most recent actuarial valuation for the plan	YYYYAVR Pension Plan Name Merged, where "YYYY" is plan year and "Pension Plan Name Merged" is abbreviated version of the plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
52.	In addition to the information provided with Checklist Item #25, does the application include similar rehabilitation plan information for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No N/A					Rehabilitation plan (or funding improvement plan, if applicable)	Use same naming convention as for Checklist Item #25 but with abbreviated plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B

Application to PBGC for Special Financial Assistance (SFA)

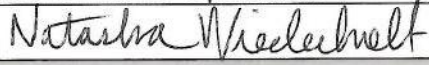
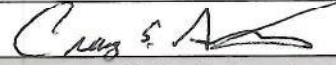
v20210708p

APPLICATION CHECKLIST

Plan name:	Local 365 UAW Pension Fund
EIN:	11-6045281
PN:	001
SFA Amount Requested:	\$210,232,831.00
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-----Filers provide responses here for each Checklist Item:-----
 Explain all N/A responses. Provide comments where noted. Also add any other optional explanatory comments.

Checklist Item #		Response Options	Plan Response	Name of File(s) Uploaded	Page Number Reference(s)	Plan Comments	Upload as Document Type	Requested File Naming (if applicable)	SFA Regulation Reference	SFA Filing Instructions Reference
53.	In addition to the information provided with Checklist Item #26, does the application include similar Form 5500 information for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No N/A					Latest annual return/report of employee benefit plan (Form 5500)	YYYYForm5500 Pension Plan Name Merged, where "YYYY" is the plan year and "Pension Plan Name Merged" is abbreviated version of the plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
54.	In addition to the information provided with Checklist Item #27, does the application include similar certifications of plan status for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No N/A				Identify how many zone certifications are provided.	Zone certification	YYYYZoneYYYYMMDD Pension Plan Name Merged, where the first "YYYY" is the applicable plan year, and "YYYYMMDD" is the date the certification was prepared. "Pension Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
55.	In addition to the information provided with Checklist Item #28, does the application include the most recent cash and investment account statements for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No N/A					Bank/Asset statements for all cash and investment accounts	Use same naming convention as for Checklist Item #28 but with abbreviated plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
56.	In addition to the information provided with Checklist Item #29, does the application include the most recent plan financial statement (audited, or unaudited if audited is not available) for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No N/A					Plan's most recent financial statement (audited, or unaudited if audited not available)	Use same naming convention as for Checklist Item #29 but with abbreviated plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
57.	In addition to the information provided with Checklist Item #30, does the application include all of the written policies and procedures governing the plan's determination, assessment, collection, settlement, and payment of withdrawal liability for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)?	Yes No N/A					Pension plan documents, all versions available, and all amendments signed and dated	Use same naming convention as for Checklist Item #30 but with abbreviated plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section B
58.	In addition to the information provided with Checklist Item #32, does the application include the same information in the format of Template 1 for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)? Enter N/A if each plan that fully merged into this plan is not required to respond Yes to line 8b(1) on the most recently filed Form 5500 Schedule MB.	Yes No N/A					Financial assistance spreadsheet (template)	Template 1 Pension Plan Name Merged, where "Pension Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section C
59.	In addition to the information provided with Checklist Item #33, does the application include the same information in the format of Template 2 (if required based on the participant threshold) for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)(ii)? Enter N/A if each plan that merged into this plan has less than 10,000 participants on line 6f of the most recently filed Form 5500.	Yes No N/A					Contributing employers	Template 2 Pension Plan Name Merged, where "Pension Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section C
60.	In addition to the information provided with Checklist Item #34, does the application include similar information in the format of Template 3 for each plan that merged into this plan due to a merger described in § 4262.4(f)(1)?	Yes No					Historical Plan Financial Information (CBUs, contribution rates, contribution amounts, withdrawal liability payments)	Template 3 Pension Plan Name Merged, where "Pension Plan Name Merged" is an abbreviated version of the plan name for the plan merged into this plan.	§ 4262.4(f) § 4262.8(c)	Addendum A for Certain Events, Section C

Policy Name:	Locating Missing Participants		
Policy Number:	ZAS-PEN-003	Version Number:	v1.0
Supersedes Policy #	N/A	Last Reviewed Date:	12/14/2018
		Last Revised Date:	N/A
Written By:		Approved by:	
Name:	Natasha Wiederholt	Name:	Craig Steffen
Title:	National Director, Pension Performance Operations	Title:	Chief Operating Officer
Signature:		Signature:	
<i>Confidential & Proprietary</i>		© Zenith American Solution, Inc.	

I. PURPOSE

To establish procedures for locating terminated vested participants as well as missing participants and beneficiaries in qualified defined benefit plans to notify them of benefits that are due to them under the plan.

II. POLICY

As plan fiduciaries, Board members should consider establishing a prudent process to ensure the accuracy and integrity of participant information and take appropriate measures to ensure that terminated vested participants and their beneficiaries receive their benefits as they become due. A prudent fiduciary should also implement a process to locate missing participants and beneficiaries.

Zenith will act consistent with the policy established by the fiduciaries to locate terminated vested and missing participants and their beneficiaries to inform them of benefits that are due.

These procedures apply to locating missing participants and beneficiaries in circumstances, including, but not limited to:

- Terminated Vested Participant Entitled to a Future Benefit
- Notification to Participant Upon Attainment of Normal Retirement Age (NRA)
- Participant Must Take a Required Minimum Distribution Under Internal Revenue Code Section 401(a)(9)
- Notification to Eligible Beneficiary(ies) (Death of a Participant)

III. PROCEDURE

1) Notification Letter Returned by U.S. Postal Service With A Forwarding Address

- a) If the notification letter is returned by the U.S. Post Office with a forwarding address, the Third Party Administrator (TPA) will resend the letter to the new address.

-
- b) The TPA will update the participant's record with the new address (if allowed by the Fund) and will maintain a copy of the envelope indicating the forwarding address in the participant's pension file.
 - c) If the Fund does not allow the TPA to automatically update the participant's record, a letter or postcard will be sent to the forwarding address provided by the U.S. Postal Service requesting the participant confirm their address. Once confirmed, the TPA will update the participant's record with the new address. Save a copy of the letter or postcard in the participant's file, along with any response received.
- 2) **Notification Letter Returned by U.S. Postal Service Without A Forwarding Address**
- At a minimum, the TPA should take all of the following steps before abandoning efforts to find the missing participant and obtain distribution instructions. The TPA should retain a copy of the completed, signed *Checklist for Locating Missing Participants* (Exhibit A) and any related documents substantiating a search (e.g., mailings to missing participants, locator search results, etc.) in the participant's pension file in accordance with the Fund's record retention policy.
- a) **Check Related Plan and Union or Employer Records.** It is possible that the local union, employer, or another of the employer's plans, such as a group health plan or a life insurance plan, may have more up-to-date information. Contact the participant's last known local union and employer to determine if they have any information regarding the current address. Contact the administrator(s) of related plans to search their records for a more current address for the missing participant. If there are privacy concerns, the TPA can request that the employer or other plan fiduciary contact or forward a letter to the missing participant or beneficiary. The letter would request that the missing participant or beneficiary contact the pension fund. If an address is identified, send the notification letter to the participant via first class mail. Save a copy of the letter in the participant's file along with any response received.
 - b) **Check with Designated Plan Beneficiary.** In searching the plan's records or the records of related plans, the TPA must try to identify and contact any individual that the missing participant has designated as a primary or contingent beneficiary to find updated contact information for the missing participant. See *Exhibit B* for a sample locator letter to send to a beneficiary. Again, if there are privacy concerns, the TPA can request that the designated beneficiary contact or forward a letter for the terminated plan to the missing participant or beneficiary. If an address for the participant is identified, send the notification letter via first class mail. Save a copy of the letter in the participant's file along with any response received.
 - c) **Use Free Electronic Search Tools.** The TPA must make reasonable use of internet search tools that do not charge a fee to search for a missing participant or beneficiary. Such online services include websites such as WhitePages.com or Pipl.com, Internet search engines (e.g. Bing, Google, Yahoo!, etc.), industry specific databases (e.g. IMDB.com for actors and similar professionals in the entertainment business), public records databases (such as those for licenses, mortgages and real estate taxes), obituaries and social media. Look for an address, phone number or email address for

the participant. If an address for the participant is identified, send the notification letter via first class mail. Save a copy of the letter in the participant's file along with any response received.

- d) **Use a Commercial Locator Service.** If approved by the Board, proceed in utilizing a Commercial Locator Service such as Life Status 360 or LexisNexis to perform a death audit, an address locator and a birth date validation for the missing participants identified. It is recommended that the Board consider utilizing a Commercial Locator Service (i.e. Life Status 360 or LexisNexis) to perform a Death Audit and an Address Locator for the following groups of missing participants:

- Missing Participants at Normal Retirement Age (NRA)
- Missing Participants at Age 65 (if NRA < Age 65), and
- Missing Participants at Age 70 ½.

Because there is a fee for utilizing these services, the Client Services Manager must obtain approval from the Board and amend the Administrative Services Agreement.

- e) **Use Certified Mail.** If an address is located using the commercial locator service, proceed in sending the notification letter using certified-return receipt mail. Save a copy of the letter and return receipt in the participant's file.
- f) **Prepare Missing Participants Reports for Board Review.** If all else fails and steps 2 a) – e) above do not yield results, prepare the following annual *Missing Participants Reports* for the Client Services Manager to present to the Board of Trustees in the second quarter (after the Required Minimum Distribution Process for the particular year concludes):

- Missing Terminated Vested Participants
- Missing Participants at Normal Retirement Age
- Missing Participants at Age 65 (if NRA < Age 65)
- Missing Participants at Age 70 ½

The Client Services Manager should advise the Board that we are unable to locate the missing participants listed on the reports and the steps that the TPA has taken to locate these individuals. The Board should engage in a cost-benefit discussion, weighing the facts and circumstances, to determine whether further steps are necessary, such as:

- The cost of further search efforts to locate the lost participants
- The number of participants involved and the amounts of benefits involved
- Whether the participant or beneficiary is required to take a distribution from the plan (e.g. upon attainment of normal retirement age or a required minimum distribution)

The Board's discussion and any motions made regarding the foregoing should be documented in the meeting minutes.

3) **Deceased Terminated Vested Participants or Incapacitated Participants**

- a) If the steps above result in identifying deceased terminated vested participants, follow the steps outlined in the Policy ZAS-PEN-004_Notifying Terminated Vested Participants_v1.0_12142018, Steps III (6)(a)(i) – (vi) – Death of a Terminated Vested Participant, Prior to Normal Retirement Age or Steps III 6)(b)(i) – (iv) – Death of a Terminated Vested Participant, After Normal Retirement Age.
- b) If the steps above result in identifying incapacitated participants, determine if the participant has executed a Durable Power of Attorney document and follow the Fund’s procedures in contacting the named Agent. If there is no Power of Attorney document, determine if a Court Appointed Guardian has been named or a Conservator of the Estate has been appointed. If questions arise, have the Client Services Manager reach out to the Fund’s attorney for further direction and clarification.

4) **Best Practices in Maintaining Current Data**

The following list offers missing participant best practices to facilitate plan administration.

- a) When participants or beneficiaries call the Fund or walk-in during the normal course of business, the TPA should confirm their address, phone number and email address.
- b) Keep accurate records of all efforts to locate missing participants and instruct third-party service providers to do the same.
- c) Accept multiple points of contact for participants. For example, collect the participant’s home address, beneficiary’s home address, alternate address (e.g. participant’s second home), multiple phone numbers (e.g. home, work, and cell) for participants and beneficiaries, and multiple e-mail addresses (e.g. work and personal) for participants and beneficiaries.
- d) Communicate to active participants and beneficiaries that it is their responsibility to update the Fund when contact information changes. Make this obligation clear in the Summary Plan Description. Include reminder notices on the Annual Benefit Statements and Annual Notices for terminated vested participants to verify contact information and to update as needed.

IV. RELATED POLICIES OR PROCEDURES

- 1. ZAS-PEN-002_Required Minimum Distributions_v3.0_12142018
- 2. ZAS-PEN-004_Notifying Terminated Vested Participants_v1.0_12142018
- 3. ZAS-PEN-005_Suspension of Benefits_v1.0_12142018

V. ATTACHMENTS

- Exhibit A – Checklist for Locating Missing Participants
- Exhibit B – Locator Letter to Beneficiary

VI. CITATIONS AND REFERENCES

- 1. 2013 ERISA Advisory Council Report on Locating Missing and Lost Participants (11/2013).

2. Department of Labor Field Assistance Bulletin 2014-01, “*Fiduciary Duties and Missing Participants in Terminated Defined Contribution Plans*” (08/14/2014).
3. Pension Benefit Guaranty Corporation, “*Missing Participants Program Filing Instructions for PBGC-Insured Multiemployer Defined Benefit Plans that closed Out On or After January 1, 2018*”.
4. The Lexis Practice Advisor Journal, “*Locating Missing Retirement Plan Participants*” (04/18/2018).

VII. MAINTENANCE

This Policy will be reviewed by the National Director, Pension Performance Operations every year or as deemed appropriate based on changes in business operations, state law, or regulatory requirements. Recommendations for any changes shall be made to the National Director, Pension Performance Operations with approval by the Legal Department.

VIII. DEFINITIONS

IX. REVISION HISTORY

Date	Version Number	Updated By	Description of Update
12/14/2018	v.1.0	Natasha Wiederholt	Initial authoring of policy.

EXHIBIT A

Checklist for Locating Missing Participants

The following steps should be taken to locate a missing participant; no matter the value of the benefit (references to "participant" herein also include beneficiaries). The branch should retain a copy of this completed, signed checklist and any related documents substantiating a search (e.g., mailings to missing participants, locator service results), in the participant's pension file in accordance with the Fund's record retention policy.

Participant Name: _____

Social Security Number: _____

Type of Missing Participant:

- New Terminated Vested Member
- Terminated Vested - Normal Retirement Age
- Terminated Vested - Age 65
- Terminated Vested - Age 70 1/2

Required Steps:

- Check Related Plan and Union or Employer Records. Request the participant's last employer and local union identify the last known address or other contact information it has on file for the missing participant.

Notes/Date(s): _____

- Other Employer Plans. Check the records of another of the employer's plans, such as a group health plan or a life insurance plan for more up-to-date information. Contact the administrator of related plans. If there are privacy concerns, you can request that the employer or other plan fiduciary contact or forward a letter to the missing participant. The letter would request that the missing participant contact the Fund.

Notes/Date(s): _____

- Check with Designated Plan Beneficiary(ies). Attempt to identify and contact the participant's designated plan beneficiary(ies), or other known relatives of the participant, using any reasonable method. See *Exhibit B* for a sample locator letter to send to the beneficiary.

Notes/Date(s): _____

- Free Electronic Search Tools. Check internet search tools that do not charge a fee to search for a missing participant. Such online services include:

Checklist for Locating Missing Participants

- <http://www.whitepages.com>
- <http://www.pipl.com>
- Internet search engines (e.g. Bing, Google, Yahoo!, etc.)
- Industry Specific Databases (e.g. IMDB.com for actors, etc.)
- Public Records Databases (e.g. those for licenses, mortgages and real estate taxes)
- Obituaries
- Social Media

Notes/Date(s): _____

- Commercial Locator Services. Boards should take cost into account when deciding whether the participant's benefit value would require using a commercial locator service. Fees can vary among locator services. Because there is a fee for utilizing these services, the Client Services Manager must obtain approval from the Board to perform a Death Audit, an Address Locator and a Birth Date Verification. Recommended options include:
 - Lexis Nexis* – <http://www.lexisnexis.com>
 - Life Status 360 (f/k/a Small World Solutions)*
1-888-543-3360
www.LifeStatus360.com

Notes/Date(s): _____

- Certified Mailing. If an address is located using a commercial locator service, proceed in sending the notification letter using certified-return receipt mail.

Notes/Date(s): _____

Signature: _____

Printed Name: _____

Title: _____

Date: _____

EXHIBIT B
SAMPLE – LOCATOR LETTER TO BENEFICIARY
(On Client Letterhead)

DATE

BENEFICIARY'S NAME
ADDRESS
CITY, STATE, ZIP

RE: MISSING PARTICIPANT'S NAME / REFERENCE #

WHY WE ARE CONTACTING YOU

We are attempting to locate **Name of Missing Participant** to provide **him/her** with important information regarding **his/her** retirement benefits. We have made several attempts to contact **him/her** and have exhausted all other avenues. Please advise us of any contact information you can provide on this participant such as a mailing address, phone number and/or email address.

This notice is not a confirmation that **Name of Participant** is eligible for a pension from the Plan. The determination of whether he or she is eligible will be made when **he/she** actually retires and files an application for a pension with the Plan Office.

IMPORTANT INFORMATION

If **Name of Participant** is deceased, please forward a photocopy of the death certificate to our office. A self-addressed envelope is provided for your convenience.

QUESTIONS?

Please contact our main office number at **(XXX) XXX-XXXX** or toll-free at **1-XXX-XXX-XXXX**.

You may also call my direct number, **(XXX)-XXX-XXXX**

Sincerely,

NAME
TITLE

<u>Social Security Number</u>	<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>
		11/01/1932	M
		02/12/1936	M
		10/28/1925	F
		05/18/1923	M
		09/20/1932	M
		12/02/1944	M
		07/25/1938	M
		08/01/1938	M
		01/24/1942	F
		11/23/1940	M
		10/24/1944	M
		02/06/1948	F
		05/01/1936	M
		12/19/1935	M
		11/01/1943	F
		07/04/1931	M
		08/02/1942	M
		05/30/1921	M
		07/01/1945	F
		01/16/1916	M
		07/20/1942	M
		03/19/1945	M
		12/30/1945	F
		02/23/1943	M
		03/11/1931	F
		10/24/1925	F
		12/07/1942	F
		10/19/1947	F
		01/03/1936	M
		09/08/1941	M
		05/03/1923	M
		03/17/1925	F
		02/01/1925	M
		10/31/1925	M
		09/17/1926	M
		08/11/1928	F
		05/27/1929	M
		05/03/1931	M
		03/10/1931	M
		10/22/1932	M
		09/05/1932	F
		07/30/1932	F
		06/21/1933	M
		06/06/1933	M
		02/09/1934	M
		01/25/1934	F

01/24/1934	F
04/10/1935	M
01/15/1935	M
01/01/1936	M
09/24/1936	M
04/16/1937	M
06/04/1938	F
04/05/1938	M
09/13/1938	M
07/30/1938	M
05/25/1939	M
05/14/1939	F
12/26/1939	M
07/22/1939	M
02/14/1940	M
12/24/1940	M
10/25/1940	M
12/23/1941	M
09/07/1941	F
05/11/1942	F
05/04/1942	M
03/12/1942	F
02/23/1942	M
01/19/1942	M
01/01/1943	M
07/19/1942	F
04/06/1943	M
01/18/1943	M
11/12/1943	F
10/04/1943	F
09/10/1943	M
07/19/1943	M
06/10/1944	M
03/28/1944	F
11/02/1944	F
09/29/1944	M
09/09/1944	M
09/02/1944	M
08/08/1944	M
06/08/1945	M
03/30/1945	F
02/14/1945	M
12/31/1945	F
12/26/1945	F
11/04/1945	M
11/03/1945	M
11/01/1945	M

	09/04/1945	F
	08/02/1945	M
	06/03/1946	M
	10/30/1946	M
	09/13/1946	M
	08/01/1946	F
	07/31/1946	M
	05/19/1947	F
	04/26/1947	F
	04/01/1947	F
	02/27/1947	M
	01/16/1947	M
	01/06/1947	M
	12/13/1947	M
	10/04/1947	M
	08/02/1947	M
	07/23/1947	M
	07/11/1947	M
	05/28/1948	F

<u>Monthly Benefit payable at NRA</u>	<u>Years of credited service</u>	<u>Comment</u>
207.10	20	Excluded - died
77.01	11	Excluded - died
73.00	24	Excluded - died
45.90	7	Excluded - died
102.90	14	Excluded - died
105.90	14	Excluded - died
124.01	16	Excluded - died
212.79	11	Excluded - died
167.67	17	Excluded - died
289.86	27	Excluded - died
304.20	13	Excluded - died
95.01	9	Excluded - died
175.33	9	Excluded - died
61.73	11	Excluded - died
70.52	10	Excluded - died
76.35	12	Excluded - died
123.52	13	Excluded - died
63.77	19	Excluded - died
119.87	6	Excluded - died
106.78	23	Excluded - died
60.89	10	Excluded - died
157.01	10	Excluded - died
97.48	15	Excluded - died
100.41	10	Excluded - died
50.59	13	Excluded - died
159.96	14	Excluded - died
137.09	10	Excluded - died
151.73	7	Excluded - died
99.50	19	Excluded - died
92.92	18	Excluded - died
90.27	24	Excluded - over age 85
114.36	19	Excluded - over age 85
117.94	12	Excluded - over age 85
108.59	10	Excluded - over age 85
128.24	16	Excluded - over age 85
62.64	10	Excluded - over age 85
194.68	28	Excluded - over age 85
40.86	10	Excluded - over age 85
80.60	11	Excluded - over age 85
124.33	11	Excluded - over age 85
93.38	12	Excluded - over age 85
131.80	11	Excluded - over age 85
63.23	5	Excluded - over age 85
526.03	23	Excluded - over age 85
62.23	12	Excluded - over age 85
188.04	12	Excluded - over age 85

53.32	10 Excluded - over age 85
248.33	12 Excluded - over age 85
85.55	13 Excluded - over age 85
224.43	5 Excluded - over age 85
95.07	11 Included
591.89	25 Included
68.12	11 Included
54.48	10 Included
129.13	13 Included
98.21	5 Included
236.01	11 Included
45.22	10 Included
42.79	5 Included
43.86	10 Included
48.52	11 Included
572.72	20 Included
194.98	15 Included
107.60	11 Included
21.61	5 Included
54.93	11 Included
277.79	19 Included
152.26	9 Included
106.75	11 Included
58.97	5 Included
118.14	9 Included
178.13	13 Included
175.51	6 Included
75.97	11 Included
106.66	10 Included
97.09	11 Included
130.99	13 Included
70.98	10 Included
311.21	17 Included
51.40	10 Included
180.54	7 Included
257.78	14 Included
116.48	12 Included
164.07	14 Included
42.19	11 Included
387.85	13 Included
59.30	6 Included
92.01	25 Included
140.65	10 Included
60.79	6 Included
92.67	14 Included
57.35	10 Included
60.99	11 Included

42.95	10 Included
231.69	10 Included
296.66	15 Included
164.60	16 Included
188.14	9 Included
197.66	9 Included
441.64	16 Included
41.18	5 Included
98.04	9 Included
311.08	16 Included
84.27	10 Included
617.89	7 Included
517.39	18 Included
108.76	10 Included
93.99	11 Included
241.88	11 Included
57.28	5 Included
106.86	12 Included
90.10	10 Included

TEMPLATE 4
SFA Determination

v20210824p

File name: *Template 4 Pension Plan Name*, where "Pension Plan Name" is an abbreviated version of the plan name.

For supplemental submission due to a merger under § 4262.4(f)(1)(ii): *Template 4 Pension Plan Name Merged*, where "Pension Plan Name Merged" is an abbreviated version of the plan name for the separate plan involved in the merger.

For supplemental submission due to certain events with limitations under § 4262.4(f)(1)(i): *Template 4 Pension Plan Name Supp*, where "Pension Plan Name" is an abbreviated version of the plan name.

Instructions for Section C, Item 4 of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance:

Provide information used to determine the amount of requested SFA for the plan based on a deterministic projection and using the actuarial assumptions as described in § 4262.4 of PBGC's special financial assistance regulation. The information to be provided is:

NOTE: All items below are provided on sheet '4-3 SFA Details' unless otherwise noted.

- a. Interest rate used (the "SFA interest rate"), including supporting details on how it was determined. If such interest rate is the limit described in section 4262(e)(3) of ERISA, identify the month selected by the plan to determine the third segment rate used to calculate the limit. [*Sheet: 4-1 SFA Interest Rate*]
- b. Fair market value of assets on the last day of the calendar quarter immediately preceding the date the application is filed (the "SFA measurement date").
- c. For each plan year in the period beginning on the SFA measurement date and ending on the last day of the last plan year ending in 2051 (the "SFA coverage period"):
 - i. Separately identify the projected amount of contributions, projected withdrawal liability payments, and other payments expected to be made to the plan (excluding the amount of financial assistance under section 4261 of ERISA and SFA to be received by the plan).
 - ii. Separately identify benefit payments described in § 4262.4(b)(1) of PBGC's special assistance regulation (excluding the payments in (c)(iii) below) for current retirees and beneficiaries, terminated vested participants not currently receiving benefits, currently active participants and new entrants. [*Sheet: 4-2 SFA Ben Pmts*]
 - iii. Separately identify payments described in § 4262.4(b)(1) of PBGC's special financial assistance regulation attributable to the reinstatement of benefits under § 4262.15 that were previously suspended through the SFA measurement date. [Also see applicable examples in Section C, Item 4(c)(iii) of the SFA instructions.]
 - iv. Separately identify administrative expenses expected to be paid using plan assets, excluding the amount owed PBGC under section 4261 of ERISA.
- d. For each plan year in the SFA coverage period, the projected investment income based on the interest rate in (a) above, and the projected fair market value of plan assets at the end of each plan year.
- e. The present value (using the interest rate identified in (a) above) as of the SFA measurement date of each of the separately provided items in (c)(i)-(iv) above.
- f. SFA amount determined as a lump sum as of the SFA measurement date. As described in § 4262.4(a) of PBGC's special financial assistance regulation, this amount equals the excess (if any) of the SFA-eligible plan obligations (the present value of the items in (c)(ii) through (c)(iv)) over the SFA-eligible plan resources (item (b) plus the present value of the items in (c)(i)).

Additional instructions for each individual worksheet:

Sheet

4-1 SFA Determination - SFA Interest Rate

See instructions on 4-1 SFA Interest Rate.

4-2 SFA Determination - SFA Benefit Payments

On this sheet, you will provide:

- Basic plan information (plan name, EIN/PN, SFA measurement date, SFA interest rate),
- Year-by-year deterministic projection of benefit payments, and
- Present values as of the SFA measurement date, using the SFA interest rate.

For each plan year in the period beginning on the SFA measurement date and ending on the last day of the last plan year ending in 2051 (the "SFA coverage period"), separately identify benefit payments described in § 4262.4(b)(1) of PBGC's special assistance regulation for current retirees and beneficiaries, terminated vested participants not currently receiving benefits, currently active participants and new entrants. On this Sheet 4-2, show all benefit payments as positive amounts.

If the plan has suspended benefit payments under sections 305(e)(9) or 4245 of ERISA, the benefit payments in this Sheet 4-2 projection should reflect prospective reinstatement of benefits assuming such reinstatements commence as of the SFA measurement date. If the plan restored or partially restored benefits under 26 CFR 1.432(e)(9)-1(e)(3) before the SFA measurement date, the benefit payments in this Sheet 4-2 should reflect fully restored prospective benefits.

Benefit payments to be paid to participants to restore previously suspended benefits should not be included on this Sheet 4-2, and are separately shown on Sheet 4-3 in the Column (7). All reinstatement of benefits should be shown assuming such reinstatements are paid beginning as of the SFA measurement date (or on the SFA measurement date, for lump sum reinstatement of prior suspended benefits).

Provide the present value as of the SFA measurement date of each separate set of benefit payments, using the limited SFA interest rate from Sheet 4-1. On this sheet, show the present values as positive amounts.

Except for the first row in the projection exhibit below, each row must include the full plan year of the indicated information up to the plan year ending in 2051. This first row may be less than a full plan year of information. The first row in the projection period is for the period beginning on the SFA measurement date and ending on the last day of the plan year containing the SFA measurement date. For all other periods, provide the full plan year of information up to the plan year ending in 2051.

4-3 SFA Determination - SFA Details

On this sheet, you will provide:

--Basic plan information (plan name, EIN/PN, SFA measurement date, SFA interest rate),

--Year-by-year deterministic projection, and

--Present values as of the SFA measurement date, using the SFA interest rate.

For each plan year in the period beginning on the SFA measurement date and ending on the last day of the last plan year ending in 2051 (the "SFA coverage period"), provide each of the items requested in Columns (1) through (10). Show payments INTO the plan as positive amounts and payments OUT of the plan as negative amounts.

If the plan has suspended benefit payments under sections 305(e)(9) or 4245 of ERISA, Column (7) should show the benefit payments to be made to restore the past benefits that have been suspended. These amounts should be determined as if such reinstatements are paid beginning as of the SFA measurement date. If the plan sponsor elects to pay these amounts as a lump sum, then the lump sum amount is assumed paid as of the SFA measurement date. If the plan sponsor decides to make payments over 60 months, the first monthly payment is assumed paid on the first regular payment date on or after the SFA measurement date. See the examples in the SFA Instructions. If the reinstatement is paid over 60 months, each row in the projection should reflect the monthly payments for that period. The prospective reinstatement of suspended benefits is included in Column (6); Column (7) is only for reinstatement of past benefits that were suspended.

Provide the present values as of the SFA measurement date of each of the projections in Columns (3) through (8), using the limited SFA interest rate from Sheet 4-1. Show the present values as the same sign (positive or negative) as the projected amounts (e.g., benefit payments are negative on this Sheet 4-3, and the present value of benefit payments should also be negative).

Except for the first row in the projection exhibit, each row must include the full plan year of the indicated information up to the plan year ending in 2051. This first row may be less than a full plan year of information. The first row in the projection period is for the period beginning on the SFA measurement date and ending on the last day of the plan year containing the SFA measurement date. For all other periods, provide the full plan year of information up to the plan year ending in 2051.

Version Updates

Version	Date updated	
v20210824p	08/24/2021	On 4-1 SFA Interest Rate sheet, the wording in cell A19 was updated and additional details were added to cell D19. Also on this sheet, minor formatting changes were made to many of the cells with red text.
v20210820p	08/20/2021	On 4-1 SFA Interest Rate sheet, the link in cell D19 was removed.
v20210706p	07/06/2021	

TEMPLATE 4 - Sheet 4-1
SFA Determination - Interest Rate

v20210824p

Provide the SFA interest rate used, including supporting details on how it was determined.

PLAN INFORMATION

Abbreviated Plan Name:	UAW 365 PF	
EIN:	11-6045281	
PN:	001	
Application Submission Date:	01/06/2022	
SFA measurement date:	06/30/2021	Last day of the calendar quarter immediately preceding the application submission date.
Last day of first plan year ending after the measurement date:	12/31/2021	

SFA Interest Rate Used	4.00%
------------------------	-------

Input amount used in determination of SFA.

Development of interest rate limit:

Plan Interest Rate:	4.00%
Month used for interest rate (<i>month in which application is filed or the 3 preceding months</i>):	August
ERISA Section 303(h)(2)(C)(iii) rate disregarding modifications made under clause (iv) of such section:	3.38%
Interest Rate Limit (<i>3rd Segment rate plus 200 basis points</i>):	5.38%

Interest rate used for the funding standard account projections in the plan's most recently completed certification of plan status before 1/1/2021.

Month is selected by the plan sponsor.

24-month average third segment rate for selected month without regard to interest rate stabilization rules. These rates are issued by IRS each month. For example, the applicable third segment rate for August 2021 is 3.38%. That rate was issued in [IRS Notice 21-50](#) on August 16, 2021 (see page 2 of notice under the heading "24-Month Average Segment Rates Without 25-Year Average Adjustment").

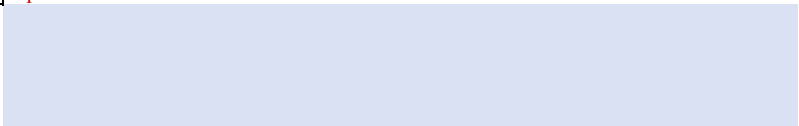
It is also available on IRS' [Funding Yield Curve Segment Rate Tables](#) web page (See Funding Table 3 under the heading "24-Month Average Segment Rates Not Adjusted").

This amount is calculated based on the other information entered.

SFA Interest Rate Calculation (<i>Lesser of Plan Interest Rate and Interest Rate Limit</i>):	4.00%
SFA Interest Rate Match Check:	Match

This amount is calculated based on the other information entered.

If the SFA Interest Rate Calculation is not equal to the SFA Interest Rate Used, provide explanation below.



TEMPLATE 4 - Sheet 4-2

v20210824p

SFA Determination - Benefit Payments

See Supplemental Instructions for Sheet 4-2 on Template 4 Instructions.

PLAN INFORMATION

Abbreviated Plan Name:	UAW 365 PF
EIN:	11-6045281
PN:	001
SFA Measurement Date:	06/30/2021
SFA Interest Rate:	4.00%

On this Sheet 4-2, show all benefit payment amounts and present values as positive amounts.				
PRESENT VALUE as of the Measurement Date of Projected Benefit Payments for:				
Current Retirees and Beneficiaries in Pay Status	Current Terminated Vested Participants	Current Active Participants	New Entrants	Total
\$159,332,379	\$40,838,301	\$1,035,984	\$78,827	\$201,285,490

		PROJECTED BENEFIT PAYMENTS for:				
		Current Retirees and Beneficiaries in Pay Status	Current Terminated Vested Participants	Current Active Participants	New Entrants	Total
Plan Year Start Date	Plan Year End Date					
07/01/2021	12/31/2021	\$8,060,311	\$328,038	\$22,684	\$0	\$8,411,033
01/01/2022	12/31/2022	\$15,520,571	\$892,867	\$45,145	\$0	\$16,458,583
01/01/2023	12/31/2023	\$14,906,506	\$1,090,444	\$45,064	\$0	\$16,042,014
01/01/2024	12/31/2024	\$14,281,263	\$1,383,213	\$46,288	\$0	\$15,710,764
01/01/2025	12/31/2025	\$13,647,465	\$1,623,083	\$46,648	\$0	\$15,317,196
01/01/2026	12/31/2026	\$13,007,619	\$1,819,284	\$50,554	\$68	\$14,877,525
01/01/2027	12/31/2027	\$12,364,161	\$2,010,669	\$53,581	\$191	\$14,428,602
01/01/2028	12/31/2028	\$11,719,501	\$2,187,782	\$55,439	\$362	\$13,963,084
01/01/2029	12/31/2029	\$11,076,084	\$2,436,035	\$58,754	\$608	\$13,571,481
01/01/2030	12/31/2030	\$10,436,409	\$2,553,906	\$60,400	\$1,035	\$13,051,750
01/01/2031	12/31/2031	\$9,803,038	\$2,666,933	\$62,184	\$1,513	\$12,533,668
01/01/2032	12/31/2032	\$9,178,518	\$2,798,353	\$62,831	\$2,106	\$12,041,808
01/01/2033	12/31/2033	\$8,565,358	\$2,874,682	\$64,450	\$2,818	\$11,507,308
01/01/2034	12/31/2034	\$7,965,958	\$2,928,056	\$65,658	\$3,595	\$10,963,267
01/01/2035	12/31/2035	\$7,382,537	\$2,980,868	\$65,630	\$4,367	\$10,433,402
01/01/2036	12/31/2036	\$6,817,118	\$3,041,718	\$66,280	\$5,208	\$9,930,324
01/01/2037	12/31/2037	\$6,271,474	\$3,066,558	\$66,836	\$6,036	\$9,410,904
01/01/2038	12/31/2038	\$5,747,114	\$3,088,793	\$65,792	\$6,815	\$8,908,514
01/01/2039	12/31/2039	\$5,245,362	\$3,100,729	\$65,817	\$7,611	\$8,419,519
01/01/2040	12/31/2040	\$4,767,396	\$3,056,531	\$64,967	\$8,365	\$7,897,259
01/01/2041	12/31/2041	\$4,314,246	\$3,000,381	\$66,562	\$9,106	\$7,390,295
01/01/2042	12/31/2042	\$3,886,763	\$2,943,039	\$65,851	\$9,844	\$6,905,497
01/01/2043	12/31/2043	\$3,485,565	\$2,885,619	\$65,986	\$10,563	\$6,447,733
01/01/2044	12/31/2044	\$3,111,027	\$2,802,660	\$66,171	\$11,263	\$5,991,121
01/01/2045	12/31/2045	\$2,763,280	\$2,701,250	\$64,176	\$11,938	\$5,540,644
01/01/2046	12/31/2046	\$2,442,233	\$2,595,392	\$63,195	\$12,597	\$5,113,417
01/01/2047	12/31/2047	\$2,147,569	\$2,495,040	\$61,862	\$13,222	\$4,717,693
01/01/2048	12/31/2048	\$1,878,772	\$2,376,825	\$62,224	\$13,821	\$4,331,642
01/01/2049	12/31/2049	\$1,635,169	\$2,259,684	\$60,038	\$14,401	\$3,969,292
01/01/2050	12/31/2050	\$1,415,925	\$2,136,848	\$59,427	\$14,952	\$3,627,152
01/01/2051	12/31/2051	\$1,220,007	\$2,007,750	\$58,202	\$15,481	\$3,301,440

TEMPLATE 4 - Sheet 4-3

v20210824p

SFA Determination - Details

See Supplemental Instructions for Sheet 4-3 on Template 4 Instructions.

PLAN INFORMATION

Abbreviated Plan Name:	UAW 365 PF	
EIN:	11-6045281	
PN:	001	
SFA Measurement Date:	06/30/2021	
SFA Interest Rate:	4.00%	

PRESENT VALUE as of the SFA Measurement Date of Projected Amounts for:								
(1)	(2)	PV of (3)	PV of (4)	PV of (5)	PV of (6)	PV of (7)	PV of (8)	
Fair Market Value as of the SFA Measurement Date	SFA Amount as of the SFA Measurement Date	Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments (should match total from Sheet 4-2)	Benefit Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	(1)+(2)+Sum of PV of (3) through PV of (8) [NOTE: This amount should be \$0]
\$3,298,887	\$210,232,831	\$231,570	\$2,318,396	\$0	(\$201,285,490)	(\$2,139,427)	(\$12,656,767)	\$0

Show payments INTO the plan as positive, and payments OUT of the plan as negative, so that the sum of (1) through (9) equals (10).

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)		
Plan Year Start Date	Plan Year End Date	Fair Market Value of Assets at Beginning of Plan Year	SFA Amount as of the SFA Measurement Date	Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments (should match total from Sheet 4-2)	Benefit Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	Investment Income Based on SFA Interest Rate	Fair Market Value of Assets at End of Plan Year
07/01/2021	12/31/2021	\$3,298,887	\$210,232,831	\$4,391	\$98,627	\$0	-\$8,411,033	-\$2,139,427	-\$356,619	\$4,087,081	\$206,814,737
01/01/2022	12/31/2022	\$206,814,737		\$9,045	\$197,254	\$0	-\$16,458,583	\$0	-\$610,195	\$7,899,274	\$197,851,532
01/01/2023	12/31/2023	\$197,851,532		\$9,316	\$197,254	\$0	-\$16,042,014	\$0	-\$622,398	\$7,549,774	\$188,943,464
01/01/2024	12/31/2024	\$188,943,464		\$9,595	\$197,254	\$0	-\$15,710,764	\$0	-\$634,846	\$7,200,582	\$180,005,285
01/01/2025	12/31/2025	\$180,005,285		\$9,883	\$197,254	\$0	-\$15,317,196	\$0	-\$647,543	\$6,851,565	\$171,099,248
01/01/2026	12/31/2026	\$171,099,248		\$10,180	\$172,592	\$0	-\$14,877,525	\$0	-\$660,494	\$6,504,485	\$162,248,485
01/01/2027	12/31/2027	\$162,248,485		\$10,485	\$164,371	\$0	-\$14,428,602	\$0	-\$673,704	\$6,160,061	\$153,481,096
01/01/2028	12/31/2028	\$153,481,096		\$10,800	\$164,371	\$0	-\$13,963,084	\$0	-\$687,178	\$5,819,459	\$144,825,463
01/01/2029	12/31/2029	\$144,825,463		\$11,124	\$164,371	\$0	-\$13,571,481	\$0	-\$700,922	\$5,481,681	\$136,210,236
01/01/2030	12/31/2030	\$136,210,236		\$11,457	\$164,371	\$0	-\$13,051,750	\$0	-\$714,940	\$5,148,358	\$127,767,732
01/01/2031	12/31/2031	\$127,767,732		\$11,801	\$164,371	\$0	-\$12,533,668	\$0	-\$766,185	\$4,821,231	\$119,465,282
01/01/2032	12/31/2032	\$119,465,282		\$12,155	\$164,371	\$0	-\$12,041,808	\$0	-\$781,509	\$4,499,777	\$111,318,269
01/01/2033	12/31/2033	\$111,318,269		\$12,520	\$164,371	\$0	-\$11,507,308	\$0	-\$797,139	\$4,185,482	\$103,376,195
01/01/2034	12/31/2034	\$103,376,195		\$12,895	\$164,371	\$0	-\$10,963,267	\$0	-\$813,082	\$3,879,591	\$95,656,704
01/01/2035	12/31/2035	\$95,656,704		\$13,282	\$164,371	\$0	-\$10,433,402	\$0	-\$829,343	\$3,582,283	\$88,153,895
01/01/2036	12/31/2036	\$88,153,895		\$13,681	\$164,371	\$0	-\$9,930,324	\$0	-\$845,930	\$3,293,042	\$80,848,735
01/01/2037	12/31/2037	\$80,848,735		\$14,091	\$164,371	\$0	-\$9,410,904	\$0	-\$862,849	\$3,012,064	\$73,765,508
01/01/2038	12/31/2038	\$73,765,508		\$14,514	\$164,371	\$0	-\$8,908,514	\$0	-\$880,106	\$2,739,580	\$66,895,353
01/01/2039	12/31/2039	\$66,895,353		\$14,949	\$88,752	\$0	-\$8,419,519	\$0	-\$897,708	\$2,474,189	\$60,156,017
01/01/2040	12/31/2040	\$60,156,017		\$15,398	\$88,752	\$0	-\$7,897,259	\$0	-\$915,662	\$2,215,889	\$53,663,135
01/01/2041	12/31/2041	\$53,663,135		\$15,860	\$44,376	\$0	-\$7,390,295	\$0	-\$886,835	\$1,967,299	\$47,413,539
01/01/2042	12/31/2042	\$47,413,539		\$16,335	\$0	\$0	-\$6,905,497	\$0	-\$828,660	\$1,728,483	\$41,424,201
01/01/2043	12/31/2043	\$41,424,201		\$16,825	\$0	\$0	-\$6,447,733	\$0	-\$773,728	\$1,500,079	\$35,719,644
01/01/2044	12/31/2044	\$35,719,644		\$17,330	\$0	\$0	-\$5,991,121	\$0	-\$718,935	\$1,283,038	\$30,309,957
01/01/2045	12/31/2045	\$30,309,957		\$17,850	\$0	\$0	-\$5,540,644	\$0	-\$664,877	\$1,077,643	\$25,199,928
01/01/2046	12/31/2046	\$25,199,928		\$18,386	\$0	\$0	-\$5,113,617	\$0	-\$613,610	\$883,667	\$20,374,954
01/01/2047	12/31/2047	\$20,374,954		\$18,937	\$0	\$0	-\$4,717,693	\$0	-\$566,123	\$700,326	\$15,810,400
01/01/2048	12/31/2048	\$15,810,400		\$19,505	\$0	\$0	-\$4,331,642	\$0	-\$519,797	\$527,166	\$11,505,632
01/01/2049	12/31/2049	\$11,505,632		\$20,090	\$0	\$0	-\$3,969,292	\$0	-\$476,315	\$363,820	\$7,443,936
01/01/2050	12/31/2050	\$7,443,936		\$20,693	\$0	\$0	-\$3,627,152	\$0	-\$435,258	\$209,704	\$3,611,923
01/01/2051	12/31/2051	\$3,611,923		\$21,314	\$0	\$0	-\$3,301,440	\$0	-\$396,173	\$64,376	\$0

TEMPLATE 6

v20210723p

Reconciliation

File name: *Template 6 Pension Plan Name*, where "Pension Plan Name" is an abbreviated version of the plan name.

Instructions for Section C, Item 6 of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance:

This Template 6 is not required if all assumptions used (except the interest rate, CBU assumption and administrative expenses assumption) to determine the requested SFA amount are identical to those used in the pre-2021 certification of plan status and if the changed assumptions for CBUs and administrative expenses are consistent with Paragraph A "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's guidance on Special Financial Assistance Assumptions.

This Template 6 is also not required if the requested SFA amount from Template 4 is the same as the SFA amount shown in Template 5 (Baseline).

If the assumptions used to determine the requested SFA amount differ from those in the "Baseline" projection in Template 5, then provide a reconciliation of the change in the total amount of requested SFA due to each change in assumption from the Baseline to the requested SFA as shown in Template 4.

For each assumption change from the Baseline through the requested SFA amount, provide a deterministic projection in the same format as Template 4.

Additional instructions for each individual worksheet:

Sheet

6-1 Reconciliation

For Item 1, show the SFA amount shown in Template 5 using the "Baseline" assumptions and methods. If there is only one change in assumptions/methods between the Baseline (Template 5) and the requested SFA amount (Template 4), then show on Item 2 the requested SFA amount, and briefly identify the change in assumptions from the Baseline.

If there is more than one change in assumptions/methods from the Baseline, show each individual change as a separate item number. Each item number should reflect all changes already measured in the prior item number. For example, the difference between the SFA amount shown for Item 4 and Item 5 should be the incremental change due to changing the identified single assumption/method. The Item numbers should show assumption/method changes in the order that they were incrementally measured.

6-2 Reconciliation Details

For Reconciliation Details sheets, see Template 4 instructions for Sheet 4-3, except provide the projections and present value information used to determine each Item number from the Reconciliation in Sheet 6-1.

A Reconciliation Details sheet is not needed for the last Item shown in the Reconciliation, since the information should be the same as shown in Template 4. For example, if there is only one assumption change from the Baseline, then Item 2 should identify what assumption changed between the Baseline and Item 2 where Item 2 is the requested SFA amount. Since details on the determination of the requested SFA amount are shown in Template 4, a separate Sheet 6-2 Reconciliation Details is not required here.

6-3 Reconciliation Details

See instructions for 6-2 Reconciliation Details.

6-4 Reconciliation Details

See instructions for 6-2 Reconciliation Details.

6-5 Reconciliation Details

See instructions for 6-2 Reconciliation Details.

Version Updates

Version	Date Updated	
v20210723p	07/23/2021	On Sheets 6-2, 6-3, 6-3, and 6-5: (1) unprotected Cells A1:B1, and (2) in Cell H14 and Cell H19, removed reference to Sheet 4-2. Updated the version number in top right corner of each sheet. Added this section on Version Updates and protected the Version Updates cells.
v20210706p	07/06/2021	

TEMPLATE 6 - Sheet 6-1

Reconciliation - Summary

For Item 1, show the SFA amount determined in Template 5 using the "Baseline" assumptions and methods. If there is only one change in assumptions/methods between the Baseline (Template 5) and the requested SFA amount (Template 4), then show on Item 2 the requested SFA amount, and briefly identify the change in assumptions from the Baseline.

If there is more than one change in assumptions/methods from the Baseline, show each individual change as a separate item number. Each item number should reflect all changes already measured in the prior item number. For example, the difference between the SFA amount shown for Item 4 and Item 5 should be the incremental change due to changing the identified single assumption/method. The Item numbers should show assumption/method changes in the order that they were incrementally measured.

PLAN INFORMATION

Abbreviated Plan Name:	UAW 365 PF
EIN:	11-6045281
PN:	001

Item number	Basis for Assumptions/Methods. For each Item, briefly describe the incremental change reflected in the SFA amount.	Change in SFA Amount (from prior Item number)	SFA Amount
1	Baseline	N/A	\$206,111,901
2	Significant event (employer withdrawal)	\$792,105	\$206,904,006
3	Retirement rates for terminated vested participants	\$1,069,640	\$207,973,646
4	Inclusion of projected benefit payments for terminated vested participants past their required beginning date	\$2,259,185	\$210,232,831
5			

NOTE: A sheet with Recon Details is not required for the last item number provided, since this information should be the same as provided in Template 4.

From Template 5.

Show details supporting the SFA amount on Sheet 6-2.

Show details supporting the SFA amount on Sheet 6-3.

Show details supporting the SFA amount on Sheet 6-4.

Show details supporting the SFA amount on Sheet 6-5.

Create additional rows as needed, and create additional detailed sheets by copying Sheet 6-5 and relabeling the header and the sheet name to be 6-6, 6-7, etc.

TEMPLATE 6 - Sheet 6-2

Item Description (From 6-1): Significant event (employer withdrawal)

v20210723p

Reconciliation - Details

See Supplemental Instructions for Sheet 4-3 on Template 4 Instructions.

PLAN INFORMATION

Abbreviated Plan Name:	UAW 365 PF
EIN:	11-6045281
PN:	001
SFA Measurement Date:	06/30/2021
SFA Interest Rate:	4%

PRESENT VALUE as of the SFA Measurement Date of Projected Amounts for:								
(1)	(2)	PV of (3)	PV of (4)	PV of (5)	PV of (6)	PV of (7)	PV of (8)	
Fair Market Value as of the SFA Measurement Date	SFA Amount as of the SFA Measurement Date	Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments	Benefit Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	(1)+(2)+Sum of PV of (3) through PV of (8) [NOTE: This amount should be \$0]
\$3,298,887	\$206,904,006	\$231,570	\$2,318,396	\$0	(\$198,062,793)	(\$2,139,427)	(\$12,550,639)	\$0

Show payments INTO the plan as positive, and payments OUT of the plan as negative, so that the sum of (1) through (9) equals (10).

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)		
Plan Year Start Date	Plan Year End Date	Fair Market Value of Assets at Beginning of Plan Year	SFA Amount as of the SFA Measurement Date	Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments	Benefit Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	Investment Income Based on SFA Interest Rate	Fair Market Value of Assets at End of Plan Year
07/01/2021	12/31/2021	\$3,298,887	\$206,904,006	\$4,391	\$98,627	\$0	-\$8,327,193	-\$2,139,427	-\$356,619	\$4,022,123	\$203,504,795
01/01/2022	12/31/2022	\$203,504,795		\$9,045	\$197,254	\$0	-\$16,332,695	\$0	-\$610,195	\$7,769,670	\$194,537,874
01/01/2023	12/31/2023	\$194,537,874		\$9,316	\$197,254	\$0	-\$15,919,962	\$0	-\$622,398	\$7,419,937	\$185,622,020
01/01/2024	12/31/2024	\$185,622,020		\$9,595	\$197,254	\$0	-\$15,581,611	\$0	-\$634,846	\$7,070,591	\$176,683,004
01/01/2025	12/31/2025	\$176,683,004		\$9,883	\$197,254	\$0	-\$15,188,903	\$0	-\$647,543	\$6,721,521	\$167,775,216
01/01/2026	12/31/2026	\$167,775,216		\$10,180	\$172,592	\$0	-\$14,758,350	\$0	-\$660,494	\$6,374,169	\$158,913,312
01/01/2027	12/31/2027	\$158,913,312		\$10,485	\$164,371	\$0	-\$14,295,633	\$0	-\$673,704	\$6,029,606	\$150,148,436
01/01/2028	12/31/2028	\$150,148,436		\$10,800	\$164,371	\$0	-\$13,822,085	\$0	-\$687,178	\$5,689,282	\$141,503,625
01/01/2029	12/31/2029	\$141,503,625		\$11,124	\$164,371	\$0	-\$13,404,701	\$0	-\$700,922	\$5,352,509	\$132,926,006
01/01/2030	12/31/2030	\$132,926,006		\$11,457	\$164,371	\$0	-\$12,877,513	\$0	-\$714,940	\$5,020,856	\$124,530,238
01/01/2031	12/31/2031	\$124,530,238		\$11,801	\$164,371	\$0	-\$12,352,298	\$0	-\$766,171	\$4,695,757	\$116,283,697
01/01/2032	12/31/2032	\$116,283,697		\$12,155	\$164,371	\$0	-\$11,849,455	\$0	-\$781,494	\$4,376,784	\$108,206,058
01/01/2033	12/31/2033	\$108,206,058		\$12,520	\$164,371	\$0	-\$11,306,315	\$0	-\$797,124	\$4,065,455	\$100,344,964
01/01/2034	12/31/2034	\$100,344,964		\$12,895	\$164,371	\$0	-\$10,758,244	\$0	-\$813,067	\$3,762,893	\$92,713,813
01/01/2035	12/31/2035	\$92,713,813		\$13,282	\$164,371	\$0	-\$10,220,872	\$0	-\$829,328	\$3,469,285	\$85,310,551
01/01/2036	12/31/2036	\$85,310,551		\$13,681	\$164,371	\$0	-\$9,708,290	\$0	-\$845,915	\$3,184,237	\$78,118,635
01/01/2037	12/31/2037	\$78,118,635		\$14,091	\$164,371	\$0	-\$9,180,684	\$0	-\$862,833	\$2,907,970	\$71,161,550
01/01/2038	12/31/2038	\$71,161,550		\$14,514	\$164,371	\$0	-\$8,664,151	\$0	-\$880,090	\$2,640,845	\$64,437,040
01/01/2039	12/31/2039	\$64,437,040		\$14,949	\$88,752	\$0	-\$8,163,614	\$0	-\$897,691	\$2,381,537	\$57,860,973
01/01/2040	12/31/2040	\$57,860,973		\$15,398	\$88,752	\$0	-\$7,649,847	\$0	-\$915,645	\$2,129,579	\$51,529,209
01/01/2041	12/31/2041	\$51,529,209		\$15,860	\$44,376	\$0	-\$7,148,328	\$0	-\$857,799	\$1,887,841	\$45,471,159
01/01/2042	12/31/2042	\$45,471,159		\$16,335	\$0	\$0	-\$6,667,591	\$0	-\$800,111	\$1,656,588	\$39,676,380
01/01/2043	12/31/2043	\$39,676,380		\$16,825	\$0	\$0	-\$6,210,997	\$0	-\$745,320	\$1,435,938	\$34,172,827
01/01/2044	12/31/2044	\$34,172,827		\$17,330	\$0	\$0	-\$5,760,945	\$0	-\$691,313	\$1,226,777	\$28,964,676
01/01/2045	12/31/2045	\$28,964,676		\$17,850	\$0	\$0	-\$5,320,447	\$0	-\$638,454	\$1,029,200	\$24,052,825
01/01/2046	12/31/2046	\$24,052,825		\$18,386	\$0	\$0	-\$4,902,821	\$0	-\$588,339	\$842,917	\$19,422,968
01/01/2047	12/31/2047	\$19,422,968		\$18,937	\$0	\$0	-\$4,513,377	\$0	-\$541,605	\$667,227	\$15,054,150
01/01/2048	12/31/2048	\$15,054,150		\$19,505	\$0	\$0	-\$4,137,173	\$0	-\$496,461	\$501,657	\$10,941,679
01/01/2049	12/31/2049	\$10,941,679		\$20,090	\$0	\$0	-\$3,782,829	\$0	-\$453,939	\$345,808	\$7,070,808
01/01/2050	12/31/2050	\$7,070,808		\$20,693	\$0	\$0	-\$3,449,159	\$0	-\$413,899	\$199,119	\$3,427,562
01/01/2051	12/31/2051	\$3,427,562		\$21,314	\$0	\$0	-\$3,133,895	\$0	-\$376,067	\$61,086	\$0

TEMPLATE 6 - Sheet 6-3

Item Description (From 6-1): Retirement rates for terminated vested participants

v20210723p

Reconciliation - Details

See Supplemental Instructions for Sheet 4-3 on Template 4 Instructions.

PLAN INFORMATION

Abbreviated Plan Name:	UAW 365 PF
EIN:	11-6045281
PN:	001
SFA Measurement Date:	06/30/2021
SFA Interest Rate:	4%

PRESENT VALUE as of the SFA Measurement Date of Projected Amounts for:								
(1)	(2)	PV of (3)	PV of (4)	PV of (5)	PV of (6)	PV of (7)	PV of (8)	
Fair Market Value as of the SFA Measurement Date	SFA Amount as of the SFA Measurement Date	Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments	Benefit Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	(1)+(2)+Sum of PV of (3) through PV of (8) [NOTE: This amount should be \$0]
\$3,298,887	\$207,973,646	\$231,570	\$2,318,396	\$0	(\$199,038,011)	(\$2,139,427)	(\$12,645,061)	\$0

Show payments INTO the plan as positive, and payments OUT of the plan as negative, so that the sum of (1) through (9) equals (10).

Plan Year Start Date	Plan Year End Date	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
		Fair Market Value of Assets at Beginning of Plan Year	SFA Amount as of the SFA Measurement Date	Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments	Benefit Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	Investment Income Based on SFA Interest Rate	Fair Market Value of Assets at End of Plan Year
07/01/2021	12/31/2021	\$3,298,887	\$207,973,646	\$4,391	\$98,627	\$0	-\$8,299,956	-\$2,139,427	-\$356,619	\$4,043,620	\$204,623,168
01/01/2022	12/31/2022	\$204,623,168		\$9,045	\$197,254	\$0	-\$16,241,396	\$0	-\$610,195	\$7,816,432	\$195,794,308
01/01/2023	12/31/2023	\$195,794,308		\$9,316	\$197,254	\$0	-\$15,830,270	\$0	-\$622,398	\$7,472,185	\$187,020,394
01/01/2024	12/31/2024	\$187,020,394		\$9,595	\$197,254	\$0	-\$15,504,975	\$0	-\$634,846	\$7,128,227	\$178,215,649
01/01/2025	12/31/2025	\$178,215,649		\$9,883	\$197,254	\$0	-\$15,117,899	\$0	-\$647,543	\$6,784,403	\$169,441,747
01/01/2026	12/31/2026	\$169,441,747		\$10,180	\$172,592	\$0	-\$14,685,274	\$0	-\$660,494	\$6,442,452	\$160,721,202
01/01/2027	12/31/2027	\$160,721,202		\$10,485	\$164,371	\$0	-\$14,243,958	\$0	-\$673,704	\$6,103,068	\$152,081,464
01/01/2028	12/31/2028	\$152,081,464		\$10,800	\$164,371	\$0	-\$13,786,603	\$0	-\$687,178	\$5,767,390	\$143,550,244
01/01/2029	12/31/2029	\$143,550,244		\$11,124	\$164,371	\$0	-\$13,403,694	\$0	-\$700,922	\$5,434,396	\$135,055,519
01/01/2030	12/31/2030	\$135,055,519		\$11,457	\$164,371	\$0	-\$12,893,152	\$0	-\$714,940	\$5,105,690	\$126,728,945
01/01/2031	12/31/2031	\$126,728,945		\$11,801	\$164,371	\$0	-\$12,384,700	\$0	-\$766,185	\$4,782,986	\$118,537,218
01/01/2032	12/31/2032	\$118,537,218		\$12,155	\$164,371	\$0	-\$11,902,840	\$0	-\$781,509	\$4,465,739	\$110,495,134
01/01/2033	12/31/2033	\$110,495,134		\$12,520	\$164,371	\$0	-\$11,378,628	\$0	-\$797,139	\$4,155,413	\$102,651,671
01/01/2034	12/31/2034	\$102,651,671		\$12,895	\$164,371	\$0	-\$10,845,065	\$0	-\$813,082	\$3,853,234	\$95,024,025
01/01/2035	12/31/2035	\$95,024,025		\$13,282	\$164,371	\$0	-\$10,325,762	\$0	-\$829,343	\$3,559,365	\$87,605,938
01/01/2036	12/31/2036	\$87,605,938		\$13,681	\$164,371	\$0	-\$9,833,209	\$0	-\$845,930	\$3,273,280	\$80,378,130
01/01/2037	12/31/2037	\$80,378,130		\$14,091	\$164,371	\$0	-\$9,324,150	\$0	-\$862,849	\$2,995,166	\$73,364,759
01/01/2038	12/31/2038	\$73,364,759		\$14,514	\$164,371	\$0	-\$8,831,834	\$0	-\$880,106	\$2,725,252	\$66,556,955
01/01/2039	12/31/2039	\$66,556,955		\$14,949	\$88,752	\$0	-\$8,352,493	\$0	-\$897,708	\$2,462,141	\$59,872,597
01/01/2040	12/31/2040	\$59,872,597		\$15,398	\$88,752	\$0	-\$7,839,349	\$0	-\$915,662	\$2,205,838	\$53,427,573
01/01/2041	12/31/2041	\$53,427,573		\$15,860	\$44,376	\$0	-\$7,340,866	\$0	-\$880,904	\$1,959,082	\$47,225,121
01/01/2042	12/31/2042	\$47,225,121		\$16,335	\$0	\$0	-\$6,863,840	\$0	-\$823,661	\$1,721,962	\$41,275,917
01/01/2043	12/31/2043	\$41,275,917		\$16,825	\$0	\$0	-\$6,413,095	\$0	-\$769,571	\$1,494,992	\$35,605,068
01/01/2044	12/31/2044	\$35,605,068		\$17,330	\$0	\$0	-\$5,962,727	\$0	-\$715,527	\$1,279,147	\$30,223,291
01/01/2045	12/31/2045	\$30,223,291		\$17,850	\$0	\$0	-\$5,517,719	\$0	-\$662,126	\$1,074,735	\$25,136,031
01/01/2046	12/31/2046	\$25,136,031		\$18,386	\$0	\$0	-\$5,095,200	\$0	-\$611,424	\$881,555	\$20,329,348
01/01/2047	12/31/2047	\$20,329,348		\$18,937	\$0	\$0	-\$4,703,462	\$0	-\$564,415	\$698,848	\$15,779,256
01/01/2048	12/31/2048	\$15,779,256		\$19,505	\$0	\$0	-\$4,320,724	\$0	-\$518,487	\$526,186	\$11,485,737
01/01/2049	12/31/2049	\$11,485,737		\$20,090	\$0	\$0	-\$3,961,078	\$0	-\$475,329	\$363,224	\$7,432,644
01/01/2050	12/31/2050	\$7,432,644		\$20,693	\$0	\$0	-\$3,621,095	\$0	-\$434,531	\$209,400	\$3,607,111
01/01/2051	12/31/2051	\$3,607,111		\$21,314	\$0	\$0	-\$3,297,067	\$0	-\$395,648	\$64,290	\$0

TEMPLATE 6 - Sheet 6-4
Reconciliation - Details

Item Description (From 6-1):

v20210723p

See Supplemental Instructions for Sheet 4-3 on Template 4 Instructions.

PLAN INFORMATION

Abbreviated Plan Name:		
EIN:		
PN:		
SFA Measurement Date:		
SFA Interest Rate:		

PRESENT VALUE as of the SFA Measurement Date of Projected Amounts for:								
(1)	(2)	PV of (3)	PV of (4)	PV of (5)	PV of (6)	PV of (7)	PV of (8)	
Fair Market Value as of the SFA Measurement Date	SFA Amount as of the SFA Measurement Date	Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments	Benefit Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	(1)+(2)+Sum of PV of (3) through PV of (8) [NOTE: This amount should be \$0]

Show payments INTO the plan as positive, and payments OUT of the plan as negative, so that the sum of (1) through (9) equals (10).

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)		
Plan Year Start Date	Plan Year End Date	Fair Market Value of Assets at Beginning of Plan Year	SFA Amount as of the SFA Measurement Date	Contributions	Withdrawal Liability Payments	Other Payments to Plan (excluding financial assistance and SFA)	Benefit Payments	Benefit Payments Attributable to Reinstatement of Benefits Suspended through the SFA Measurement Date	Administrative Expenses (excluding amount owed PBGC under 4261 of ERISA)	Investment Income Based on SFA Interest Rate	Fair Market Value of Assets at End of Plan Year

TEMPLATE 7

v20210706p

7a - Assumption Changes for SFA Eligibility

File name: *Template 7 Pension Plan Name*, where "Pension Plan Name" is an abbreviated version of the plan name.

Instructions for Section C, Item 7(a) of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance:

Sheet 7a of Template 7 is not required if the plan is eligible for SFA under § 4262.3(a)(2) (MPRA suspensions) or § 4262.3(a)(4) (certain insolvent plans) of PBGC's special financial assistance regulation.

Sheet 7a of Template 7 is not required if the plan is eligible based on a certification of plan status completed before January 1, 2021.

Sheet 7a of Template 7 is not required if the plan is eligible based on a certification of plan status completed after December 31, 2020 but reflects the same assumptions as those in the pre-2021 certification of plan status.

Provide a table identifying which assumptions used in determining the plan's eligibility for SFA differ from those used in the pre-2021 certification of plan status and brief explanations as to why using those assumptions is no longer reasonable and why the changed assumptions are reasonable.

This table should reflect all identified assumptions (including those that are included in the Baseline provided in Template 5) and should be an abbreviated version of information provided in Section D, Item 6(a) of the SFA filing instructions.

For example, if the mortality assumption used in the pre-2021 certification of plan status is the RP-2000 mortality table, and the plan proposes to change to the Pri-2012(BC) table, complete one line of the table as follows:

	(A)	(B)	(C)
Assumption That Has Changed From Assumption Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Brief description of assumption used in the most recent certification of plan status completed prior to 1/1/2021	Brief description of assumption used in showing the plan's eligibility for SFA (if different).	Brief explanation on why the assumption in (A) is no longer reasonable and why the assumption in (B) is reasonable.
Base Mortality Assumption	RP-2000 mortality table	Pri-2012(BC) mortality table	Prior assumption is outdated. New assumption reflects more recently published experience for blue collar workers.

Add one line for each assumption that has changed from the assumption used in the most recent certification of plan status completed prior to 1/1/2021.

Since this Template 7a is intended as an abbreviated version of more detailed information provided in Section D, Item 6(a) of the SFA filing instructions, it is not necessary to include full tables of rates at every age (e.g., for retirement, turnover, etc.). Instead, a high level description that focuses on what aspect of the assumption has changed is preferred.

TEMPLATE 7

v20210706p

7b - Assumption Changes for SFA Amount

File name: *Template 7 Pension Plan Name*, where "Pension Plan Name" is an abbreviated version of the plan name.

Instructions for Section C, Item 7(b) of the Instructions for Filing Requirements for Multiemployer Plans Applying for Special Financial Assistance:

Provide a table identifying which assumption differ from those used in the pre-2021 certification of plan status (except the interest rate used in calculating the amount of SFA) and brief explanations as to why using those original assumptions is no longer reasonable and why the changed assumptions are reasonable.

Please state if the changed assumption is an extension of the CBU assumption or the administrative expenses assumption as described in Paragraph A "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's guidance on Special Financial Assistance Assumptions.

This table should identify all changed assumptions except for the interest rate (reflecting those that are included in the Baseline provided in Template 5) and should be an abbreviated version of information provided in Section D, Item 6(b) of the SFA filing instructions.

For example, if the mortality assumption used in the pre-2021 certification of plan status is the RP-2000 mortality table, and the plan proposes to change to the Pri-2012(BC) table, complete one line of the table as follows:

	(A)	(B)	(C)
Assumption That Has Changed From Assumption Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Brief description of assumption used in the most recent certification of plan status completed prior to 1/1/2021	Brief description of assumption used to determine the requested SFA amount (if different)	Brief explanation on why the assumption in (A) is no longer reasonable and why the assumption in (B) is reasonable.
Base Mortality Assumption	RP-2000 mortality table	Pri-2012(BC) mortality table	Original assumption is outdated. New assumption reflects more recently published experience for blue collar workers.

For example, assume the plan is projected to be insolvent in 2029 in the pre-2021 certification of plan status. The plan changes its CBU assumption by extending the assumption to the later projection years as described in Paragraph A, "Adoption of assumptions not previously factored into pre-2021 certification of plan status" of Section III, Acceptable Assumption Changes of PBGC's guidance on Special Financial Assistance Assumptions. Complete one line of the table as follows:

	(A)	(B)	(C)
Assumption That Has Changed From Assumption Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Brief description of assumption used in the most recent certification of plan status completed prior to 1/1/2021	Brief description of assumption used to determine the requested SFA amount (if different)	Brief explanation on why the assumption in (A) is no longer reasonable and why the assumption in (B) is reasonable.
CBU Assumption	Decrease from most recent plan year's actual number of CBUs by 2% per year to 2028	Same number of CBUs for each projection year to 2028 as shown in (A), then constant CBUs for all years after 2028.	Original assumption does not address years after original projected insolvency in 2029. Proposed assumption uses acceptable extension methodology.

Add one line for each assumption that has changed from the assumption used in the most recent certification of plan status completed prior to 1/1/2021.

Since this Template 7b is intended as an abbreviated version of more detailed information provided in Section D, Item 6(b) of the SFA filing instructions, it is not necessary to include full tables of rates at every age (e.g., for retirement, turnover, etc.). Instead, a high level description that focuses on what aspect of the assumption has changed is preferred.

Template 7 - Sheet 7b

Assumption Changes - SFA Amount

PLAN INFORMATION

Abbreviated Plan Name:	UAW 365 PF	
EIN:	11-6045281	
PN:	001	

	A	B	C
Assumption That Has Changed From Assumption Used in Most Recent Certification of Plan Status Completed Prior to 1/1/2021	Brief description of assumption used in the most recent certification of plan status completed prior to 1/1/2021	Brief description of assumption used to determine the requested SFA amount (if different)	Brief explanation on why the assumption in (A) is no longer reasonable and why the assumption in (B) is reasonable.
Administrative expenses	2% per year increase until insolvency	2% per year, plus increase for 2031 PBGC premium increase, limited to 12% of benefit payments	This is simply an extension of the administrative expense assumption as described in the guidance.
New entrant profile	None	Assumed new entrant profile as described in the guidance	It is unreasonable to assume no new plan entrants for 30 years.
CBU assumption	Level hours through 2020	Level hours after 2020	This is simply an extension of the CBU assumption as described in the guidance.
Withdrawal liability	Actual payments though insolvency expected under payment schedules for employers already withdrawn	Actual payments though 2051 expected under payment schedules for employers already withdrawn	This is simply an extension of the assumption past the prior point of insolvency.
Significant event (employer withdrawal)	Various assumptions (see column B box to right) from the 2020 zone certification plus the revisions in assumptions noted in rows 12-15 above	This is actually five different assumption changes: (1) assume 100% withdrawal in 2021 for employees of withdrawn employer, (2) exclude this employer from new entrant profile, (3) exclude this employer when determining the average contribution rate, (4) exclude this employer from future CBUs, and (5) include withdrawal liability payments from this employer	The withdrawn employer had 86% of all previously active employees. It would be unreasonable not to reflect such a significant event in the projections.
Retirement rates for terminated vested participants	Various rates at different ages (see plan statement D(6))	Various rates at different ages (see plan statement D(6))	The prior rates did not accurately plan experience and are therefore unreasonable. The revised rates are set to actual plan experience and are therefore reasonable.
Inclusion of projected benefit payments for terminated vested participants past their required beginning date	90% of projected benefit payments were excluded for terminated vested participants past their required beginning date	For terminated vested participants past their required beginning date, all projected benefit payments were included if the participant was not deceased and was age 85 or younger as of the SFA measurement date; otherwise no projected benefit payments were included	The prior assumption was appropriate for short-term cash flow. It is unreasonable to exclude any participant's projected benefit payments for this purpose, except for those actually or likely to be deceased as of the SFA measurement date.