Form **14568-H** (June 2018)

Department of the Treasury - Internal Revenue Service Model VCP Compliance Statement - Schedule 8: Failure to Pay Required Minimum Distributions Timely

Include the plan name, Applicant's EIN and plan number on each page of the submission.

Plan name

EIN

Plan number

Section I - Identification of Failure (DO NOT USE THIS FORM IF PLAN BENEFITS DID NOT COMMENCE IN A TIMELY MANNER, AT THE PLAN'S NORMAL RETIREMENT AGE OR UPON THE PARTICIPANT'S DEATH. IF YOU CANNOT USE THIS FORM, ATTACH A WRITTEN NARRATIVE TO FORM 14568 AND PROVIDE THE NECESSARY INFORMATION REQUESTED BY THAT FORM.)

The plan identified above did not comply with the requirements of Section 401(a)(9) of the Internal Revenue Code (IRC) as required minimum distributions (RMD) were not paid in a timely manner or were less than what was required. When completing this table, affected plan participants should be counted separately under each year that an RMD was not made and not just in the first year of the failure.

Calendar Years	Number of Participants Affected	Total Amount of Missed Required Minimum Distributions (Do Not Include Earnings)

Section II - Description of the Proposed Method of Correction

Defined contribution plan only - The plan will distribute the required minimum distributions (adjusted for earnings from the date of the failure to the date of distribution) to affected participants. For each affected participant, the required minimum distribution amount for each year in which the failure occurred will be determined by dividing the adjusted account balance on the applicable valuation date by the applicable distribution period. For this purpose, adjusted account balance means the actual account balance, determined in accordance with Section 1.401(a)(9)-5 Q&A-3 of the Income Tax Regulations, reduced by the amount of the total missed minimum distributions for prior years. Earnings will be determined as follows

Defined benefit plan only - The plan will distribute the required minimum distributions plus an additional payment representing the loss of use of such amounts. (Note the additional payment is determined in accordance with the plan's written terms for actuarial equivalence). The additional payment is determined as follows

EIN	Plan number
Defined benefit plan only – At the time of the proposed sum payments under IRC Section 436(d)? Include a copy plan's Adjusted Funded Target Attainment Percentage (A	of the plan's most current actuarial certification of the
Yes No	
If "Yes", the plan sponsor will contribute to the plan, at the distribution mentioned in this compliance statement as di	•
Section III - Request for Relief	
A. The Applicant requests relief with regard to excise taxe	es under IRC Section 4974
Yes No At least one affected participant is either an sponsor is a corporation, a 10 percent own If "Yes," the Applicant submits the following explanation for	•

Section IV - Change in Administrative Procedures

Include an explanation of how and why the failures arose and a description of the measures that have been (or will be) implemented to ensure that the same failures will not recur.

Section V - Enclosures

In addition to the applicable items listed on the Procedural Requirements Checklist for Form 8950, the plan sponsor encloses the following with this submission:

- Specific calculations for each affected employee or a representative sample of affected employees.
- The sample calculations must be sufficient to demonstrate each aspect of the proposed correction method.
- For defined benefit plans, the calculations must illustrate the interest rate used to represent the loss of the use of the missed required minimum distributions.
- For defined contribution plans, the calculations must show how earnings were determined and their impact on the calculation of the corrective distributions.
- For defined benefit plans, a copy of the plan's most current AFTAP certification if the Applicant has indicated that the plan is not under IRC 436(d) restrictions.