

Information submitted via Top Hat Plan Statement Online Filing System to U. S.  
Department of Labor under 29 CFR 2520.104-23

Date Completed: 4/6/2018 11:36 AM EST

Confirmation Number: 3636

Amended Confirmation Number:

Employer Information

Name: Newell Operating Company  
Address: 221 River Street, 13th Floor  
City: Hoboken State: NJ Zip Code: 07030

Plan Administrator Information

Name: Newell Operating Company U.S. Benefits Administration Committee  
Address: 221 River Street, 13th Floor  
City: Hoboken State: NJ Zip Code: 07030  
Phone: 2016106712  
Email: beth.moore@newellco.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Newell Brands Supplemental Employee Savings Plan	Number of Employees: 123
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Additional Information:

Members of the controlled group may from time to time adopt the plan as participating employers.



U. S. Department of Labor  
Employee Benefits Security Administration  
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 3636. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.