

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

Date Completed: 9/12/2018 2:35 PM EST

Confirmation Number: 4151

Amended Confirmation Number:

Employer Information

Name: Schindler Elevator Corporation
Address: 20 Whippany Road, P.O. Box 1935
City: Morristown State: NJ Zip Code: 07962

Plan Administrator Information

Name: Schindler Elevator Corporation Benefits Committee
Address: 20 Whippany Road, P.O. Box 1935
City: Morristown State: NJ Zip Code: 07962
Phone: 9733976500
Email: kristina.rainis@schindler.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: Schindler Long Term Savings Plan	Number of Employees: 53
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Additional Information:



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 4151. 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.