

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

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Confirmation Number: 4378

Amended Confirmation Number:

Employer Information

Name: Equitrans Midstream Corporation
Address: 625 Liberty Avenue, Suite 2000
City: Pittsburgh State: PA Zip Code: 15222

Plan Administrator Information

Name: Equitrans Midstream Corporation
Address: 625 Liberty Avenue, Suite 2000
City: Pittsburgh State: PA Zip Code: 15222
Phone: 7242717200
Email: SZerjav@equitransmidstream.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: Equitrans Midstream Corporation 2018 Payroll Deduction and Contribution Program Number of Employees: 1

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 4378. 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.