

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

Date Completed: 2/3/2021 11:11 AM EST

Confirmation Number: 7607  
Amended Confirmation Number: 4396

Employer Information

Name: Garrett Transportation I Inc.  
Address: 2525 W 190th Street  
City: Torrance  
State: CA  
Zip Code: 90504

Plan Administrator Information

Name: Garrett Motion Inc.  
Address: 2525 W 190th Street  
City: Torrance  
State: CA  
Zip Code: 90504  
Phone: 7343925520  
Email: HRAdminUS@GarrettMotion.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:	Garrett Motion Supplemental Savings Plan	Number of Employees: 11
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Additional Information:

Amended filing to correct name of Employer.



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 7607. 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.