



Missing Participant Information

Schedule MP (to forms 501 and 602)

Approved OMB 1212-0036
Expires 09/30/2007

**DO NOT SEND PAYMENT WITH THIS FORM.
SEND PAYMENT TO PBGC'S LOCKBOX WITH MISSING PARTICIPANT PAYMENT VOUCHER.**

File this form (with Form 501 or Form 602) if the plan purchased irrevocable commitments for one or more Missing Participants or is paying amounts to PBGC for one or more Missing Participants.

PLAN IDENTIFICATION INFORMATION

Check here if you previously filed a Schedule MP for this plan:

1a Plan Name

1b 9-digit employer identification number (EIN)

1c 3-digit plan number (PN)

1d 8-digit PBGC Case #

PART II MISSING PARTICIPANT INFORMATION

2a Name and address (mailing or internet) of commercial locator service(s) used

3 2b Number of Missing Participants for whom irrevocable commitments were purchased

3 2c Number of Missing Participants for whom amounts are paid to PBGC

3 2d Deemed distribution date (see definition on page 6 of instructions) (mo., day, yr.)

PART III AMOUNTS DUE TO PBGC (Sum of the amounts on all Attachments B)

4 3a Total amount of designated benefits \$

4 3b Total of other amounts due for Missing Participants \$

4 3c Total amount due to PBGC (line 3a + line 3b) \$

PART IV PLAN ADMINISTRATOR CERTIFICATION

I, the Plan Administrator, certify that: (1) I have met the search requirements of 29 CFR § 4050.4; (2) to the best of my knowledge and belief, the information contained in this filing is true, correct and complete, and (3) in making this certification, I recognize that knowingly and willfully making false, fictitious, or fraudulent statements to the PBGC is punishable under 18 U.S.C. 1001.

Plan Administrator's company name and address
(Address should include room or suite no.)

Telephone number

E-mail address (optional)

Print or type name of individual who signs

Plan Administrator's signature

Date

PART V ENROLLED ACTUARY CERTIFICATION

NOTE: Not required if all benefits for all Missing Participants are distributed through the purchase of irrevocable commitments from an insurer.

I, the Enrolled Actuary, certify that: (1) to the best of my knowledge and belief, the actuarial information contained in this filing is true, correct, and complete and the designated benefits and/or other amounts payable for Missing Participants have been calculated in accordance with applicable provisions of ERISA and the Internal Revenue Code and regulations promulgated thereunder; and (2) in making this certification, I recognize that knowingly and willfully making false, fictitious, or fraudulent statements to the PBGC is punishable under 18 U.S.C. 1001.

Enrolled Actuary's company name and address
(Address should include room or suite no.)

Enrollment Number

Telephone Number

E-mail address (optional)

Name and title of Enrolled Actuary

Enrolled Actuary's signature

Date

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Revisions to Schedule MP

PART II. MISSING PARTICIPANT INFORMATION

	(1) Relating to this filing	(2) Total for all filings
3a Number of Missing Participants for whom irrevocable commitments were purchased		
3b Number of Missing Participants for whom amounts due to PBGC		
3c Deemed distribution date (see definition on page 8 of instructions)(M/DD/YYYY)		

PART III. AMOUNTS DUE TO PBGC

	(1) Relating to this filing	(2) Total for all filings
4a Total amount of designated benefits		
4b Total of other amounts due for Missing Participants		
4c Total amount due to PBGC (line 4a + line 4b)		