



Missing Participant Annuity Purchase Information

Attachment A (to Schedule MP)

Approved OMB 1212-0036
Expires 09/30/2007

Attach Attachment A to (or submit the required information on a separate page or pages with) Schedule MP if the plan purchased irrevocable commitments from an insurer for one or more Missing Participants. If requested information is not available, write "N/A" in the space provided. If any Missing Participant's annuity certificate number is not available, report it when it becomes available. If irrevocable commitments were purchased from more than one insurer, complete a separate Attachment A for each insurer.

This Attachment A is Number _____ of _____ total Attachments A.

PART I PLAN IDENTIFICATION INFORMATION

Check here if you previously filed an Attachment A 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 INSURANCE COMPANY INFORMATION

2a Name and address of insurer (Address should include room or suite no.)	2b Insurance company contact name
	2c Telephone number
	2d Policy number

thicker lines between horizontal blocks, thinner lines for vertical blocks

PART III ANNUITIZED MISSING PARTICIPANT INFORMATION

Missing Participant full name (last, first, middle)	Spouse or Beneficiary full name (last, first, middle)
Social Security Number	Social Security Number
Date of Birth (mo., day, yr.)	Date of Birth (mo., day, yr.)
Certificate Number	
Monthly Benefit (see instructions) \$	
Missing Participant full name (last, first, middle)	Spouse or Beneficiary full name (last, first, middle)
Social Security Number	Social Security Number
Date of Birth (mo., day, yr.)	Date of Birth (mo., day, yr.)
Certificate Number	
Monthly Benefit (see instructions) \$	
Missing Participant full name (last, first, middle)	Spouse or Beneficiary full name (last, first, middle)
Social Security Number	Social Security Number
Date of Birth (mo., day, yr.)	Date of Birth (mo., day, yr.)
Certificate Number	
Monthly Benefit (see instructions) \$	
Missing Participant full name (last, first, middle)	Spouse or Beneficiary full name (last, first, middle)
Social Security Number	Social Security Number
Date of Birth (mo., day, yr.)	Date of Birth (mo., day, yr.)
Certificate Number	
Monthly Benefit (see instructions) \$	

replace with MM/DD/YY for spouse/beneficiary blocks