



**Missing Participant
Individual Information**

**Attachment B
(to Schedule MP)**

Approved OMB 1212-0036
Expires 09/30/2007

File a separate Attachment B for each Missing Participant for whom an amount is due to PBGC. If requested information is not available, write "N/A" in the space provided.

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

PART I. PLAN IDENTIFICATION INFORMATION

Check here if you previously filed an Attachment B for this individual:

1a Plan Name	1b 9-digit employer identification number (EIN)
	1c 3-digit plan number (PN)
	1d 8-digit PBGC Case #

PART II. IDENTIFICATION OF MISSING PARTICIPANT

2a Missing Participant name (last, first, middle)	2b Social Security Number
2c Last-known address	2d Date of birth (mo., day, yr.)
2e Other name(s) ever used (if known)	2f Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
2g Status (check one) <input type="checkbox"/> 1. Participant <input type="checkbox"/> 2. Spouse <input type="checkbox"/> 3. Alternate payee (Attach copy of QDRO) <input type="checkbox"/> 4. Other beneficiary	

PART III. AMOUNTS DUE TO PBGC

3a Category of Designated Benefit (Check 1, 2, 3, or 4)	(1) Relating to this filing	(2) Total for all filings
<input type="checkbox"/> 1. Mandatory lump sum (automatic cashout using plan cashout assumptions and limits). <input type="checkbox"/> 2. De minimis lump sum (using PBGC Missing Participant lump sum assumptions). <input type="checkbox"/> 3. No lump sum (annuity only). Check <u>g</u> or <u>h</u> below. <input type="checkbox"/> 3 <u>g</u> . An adjustment (loading) for expenses of \$300 is included because the designated benefit without the loading is greater than \$5,000. <input type="checkbox"/> 3 <u>h</u> . An adjustment (loading) for expenses of \$300 is <u>not</u> included because the designated benefit without the loading is \$5,000 or less. <input type="checkbox"/> 4. Elective lump sum . Check <u>g</u> or <u>h</u> below. <input type="checkbox"/> 4 <u>g</u> . An adjustment (loading) for expenses of \$300 is included because the designated benefit amount was determined using the methodology of 29 CFR § 4050.5(a)(3) <u>and</u> the designated benefit amount without the loading is greater than \$5,000. <input type="checkbox"/> 4 <u>h</u> . An adjustment (loading) for expenses of \$300 is <u>not</u> included because <u>b</u> EITHER the designated benefit amount was determined using the methodology of 29 CFR § 4050.5(a)(1) <u>OR</u> <u>g</u> the designated benefit amount was determined using the methodology of 29 CFR § 4050.5(a)(3) <u>and</u> the designated benefit amount without the loading is \$5,000 or less.		
Amount of Designated Benefit <u>(2)</u>	\$	\$
3b Other amounts due, if any (line 7f + line 8a)	\$	\$
3c Total amount due to PBGC (line 3a + line 3b) Pay this amount:	\$	\$

Missing Participant's Social Security No. _____

~~Continuation instructions for items 4, 5 and 6:~~

- Complete item 4 or 5 or 6 (one only).
 - For a Missing Participant whose benefit was not in pay status as of the deemed distribution date: complete item 4 for a participant or item 5 for a beneficiary (including a spouse or alternate payee).
 - Complete item 6 for a Missing Participant whose benefit was in pay status as of the deemed distribution date.
- After completing 4 or 5 or 6, complete items 7-9 (if applicable).

4 For a participant who is missing and whose benefit was not in pay status as of the deemed distribution date, provide the following information.
 • If you checked category 1 in item 3a above, complete item 4b below and skip to item 7.

4a Participant's earliest early retirement date (or the deemed distribution date, if later). (mo., day, yr.)

4b Last-known spouse's full name (last, first, middle) Spouse's Social Security Number

4c Did the participant and last-known spouse waive the QPSA provided under the plan? If "Yes," attach waiver. Yes No N/A

4d Spouse's earliest possible QPSA annuity starting date under the plan (or deemed distribution date, if later). If the QPSA is payable immediately upon the participant's death, enter the deemed distribution date. (mo., day, yr.) (mm/dd/yyyy)

4e Automatic annuity form of retirement benefit that would be payable with respect to the participant under the plan. Note: Provide the benefit forms for both married and unmarried participants regardless of the participant's last-known marital status.

(1) MARRIED PARTICIPANT

Code from table on page 10 in instructions: 15

<u>If you entered:</u>	<u>Provide this information:</u>	
Code 5 or 6	Survivor percentage:	%
Code 2, 3 or 6	Number of monthly payments in period certain:	
Code 4	Temporary annuity period:	
Code 10	Other benefit form. Describe the form:	

(2) UNMARRIED PARTICIPANT

Code from table on page 10 in instructions: 15

<u>If you entered:</u>	<u>Provide this information:</u>	
Code 5 or 6	Survivor percentage:	%
Code 2, 3 or 6	Number of monthly payments in period certain:	
Code 4	Temporary annuity period:	
Code 10	Other benefit form. Describe the form:	

5 For a beneficiary (including a participant's spouse or alternate payee) who is missing and whose benefit was not in pay status as of the deemed distribution date, complete the following:

5a Form of benefit to which the beneficiary or alternate payee is entitled. Code from table on page 10 in instructions: 15

<u>If you entered:</u>	<u>Provide this information:</u>	
Code 5 or 6	Survivor percentage:	%
Code 2, 3 or 6	Number of monthly payments in period certain:	
Code 4	Temporary annuity period:	
Code 10	Other benefit form. Describe the form:	

5b Earliest date the beneficiary or alternate payee could commence receiving benefits (or the deemed distribution date, if later). (mo., day, yr.)

Missing Participant's Social Security No. _____

6 For a participant or a beneficiary (including a participant's spouse or alternate payee) who is missing and whose benefit was in pay status as of the deemed distribution date, complete the following:

6a Form of benefit that was in pay status. (Attach a copy of form election, if any.)

Code from table on page 10 in instructions:

<i>If you entered:</i>	<i>Provide this information:</i>	
Code 5 or 6	Survivor percentage:	%
Code 2, 3 or 6	Number of monthly payments in period certain remaining as of deemed distribution date:	MM/DD/YYYY
Code 4	Temporary annuity period remaining as of the deemed distribution date (in months):	
Code 7 or 8	Fixed sum remaining as of the deemed distribution date:	\$
Code 10	Other benefit form. Describe the form:	

And provide (as applicable):

Date of first missed monthly payment:	(mo., day, yr.)
Amount of first missed monthly payment:	\$
Plan interest rate for missed payments:	%

6b Name of Missing Participant's beneficiaries, if any (last, first, middle). (Attach a copy of beneficiary designation form, if any.)

Relationship (e.g., spouse, child, estate)

Social Security Number

7 Employee Contributions. Complete lines a, b, and c if any part of the Missing Participant's designated benefit is attributable to mandatory employee contributions.

a Mandatory employee contributions	\$	\$
b Interest credited to the deemed distribution date	\$	\$
c Total (line 7a + 7b)	\$	\$
Complete lines d, e, and f if any additional amount is due to PBGC for voluntary employee contributions held in a separate account.		
d Voluntary employee contributions	\$	\$
e Earnings credited to the date sent to PBGC	\$	\$
f Total (line 7d + 7e)	\$	\$
g Date voluntary employee contributions sent to PBGC	(mo., day, yr.)	

8 Residual Assets. Complete lines a and b if any amount is due to PBGC for the Missing Participant's share of residual assets.

a Missing Participant's share of residual plan assets being sent to PBGC	\$	\$
b Date residual assets are sent to PBGC	(mo., day, yr.)	

9 Attached Documents. Check ^{all} document(s) attached:

a Waiver of Qualified Pre-retirement Survivor Annuity (QPSA)	9a	<input type="checkbox"/>
b Election of optional benefit form	9b	<input type="checkbox"/>
c Designation(s) of beneficiary	9c	<input type="checkbox"/>
d Qualified Domestic Relations Order(s) (QDROs)	9d	<input type="checkbox"/>