



**Missing Participant
Payment Voucher**

**Payment Voucher
(to Schedule MP)**

Approved OMB 1212-0036
Expires 09/30/2007

**Do not send Schedule MP or attachments with this payment voucher.
Send Schedule MP and attachments to PBGC at the address listed in the instructions for where to file.**

**Do not send PBGC premium payments with this payment voucher.
See PBGC's PREMIUM PAYMENT PACKAGE (Form 1) for instructions on filing premium payments.**

Use this form if any amount is paid to PBGC for Missing Participants. Send this form (with payment by check or wire transfer information) to the lockbox address below.

PLAN IDENTIFICATION INFORMATION

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

PLAN ADMINISTRATOR CONTACT

2a Plan Administrator's name	2b Telephone number
	2c E-mail address (optional)

PART III AMOUNTS PAID TO PBGC

<i>Note: The amount enclosed or wired must equal the amount on line 4c of Schedule MP (check one).</i> <i>in column (1) of item 4c</i>	<input type="checkbox"/> Check <input type="checkbox"/> Wire transfer
3a Amount enclosed or wired. (Make check payable to Pension Benefit Guaranty Corp.)	\$
3b Check number	
3c Date Schedule MP was sent to PBGC	(mo., day, yr.) <u>MM/DD/YYYY</u>
If you are using the U.S. Postal Service, send payment (with this voucher) to: Pension Benefit Guaranty Corporation P.O. Box 64523 Baltimore, MD 21264-4523	
If you are using a delivery service other than the U.S. Postal Service, send payment (with this voucher) to: M&T Bank Attn: Lockbox 64523, 8th Floor 1800 Washington Blvd. Baltimore, MD 21230	
If you are using a wire transfer, send wire transfer to: M&T Bank Baltimore, Maryland ABA: 022000046 Account: 191-1428-6 Beneficiary: PBGC Payment ID line: (MP, the plan's EIN/PN, and the standard termination case number) Please use the following format: <u>"MP, EIN/PN: XX-XXXXXXX/XXX, CN: XXXXXXXX."</u>	