



# Missing Participants Program

## Plan Information for PBGC-Insured Single-Employer Plans

**Form MP-100**  
Approved OMB 1212-####  
Expires xx/xx/xxxx

Amended Filing-Type 1     Amended Filing-Type 2

*Aug 1 draft*

<b>Part I — Identifying Information</b>	
<b>1 Plan information</b>	
a Plan name _____	
b Employer identification number/plan number ___ - ___ / ___	c 8-digit PBGC Case # _____
d Plan contact	
(1) Name _____	(2) Telephone _____
(3) email _____	
(4) Street address _____	
(5) City _____	(6) State _____
(7) Zip _____	

<b>Part II — Amounts Transferred to PBGC</b>	
<b>2 Number of individuals for whom benefits are being transferred to PBGC</b>	
a Number with benefit transfer amounts of \$250 or less	_____
b Number with benefit transfer amounts in excess of \$250	_____
c Total	_____
<b>3 Benefit transfer date</b>	
_____/____/____	
<b>4 Amounts owed to PBGC for missing distributees reported in this filing</b>	
a Aggregate benefit-related transfer amount [sum of item 5 from all Schedules B]	_____
b Administrative fee [\$35 x item 2b]	_____
c Total [item 4a + item 4b]	_____
d Amounts previously paid (in conjunction with prior Forms MP-100 for this plan)	_____
e Net amount due [item 4c – item 4d]	_____

<b>Part III — Diligent Search Information</b>	
<b>5 Summarize the steps taken to satisfy the diligent search requirements and report the name of any commercial locator service used to assist with the search:</b> _____	
_____	
_____	
_____	

<b>Part IV — Plan Administrator Certification</b>	
<b>6 Certification of plan administrator – The plan administrator must sign and complete this item.</b>	
I certify that to the best of my knowledge and belief that: (1) all the information in this filing is true, correct and complete and has been determined in accordance with PBGC's Missing Participants regulations and instructions, and (2) I have met the diligent search requirements of 29 CFR § 4050.104.	
Name of person signing: First name _____	Last name _____
_____	_____ ext _____
E-mail address _____	Telephone _____
_____	_____/____/____
Signature	Date





# Individual Information - Transfer to PBGC

**Schedule B**  
 (Form MP-100)  
 Approved OMB 1212-####  
 Expires xx/xx/xxxx

This Schedule B is # \_\_\_\_\_ of \_\_\_\_\_ (insert total # of Schedules B included in this filing)

<b>Part I — Identifying Information</b>	
<b>1 Plan sponsor information</b>	
a Plan name _____	c 8-digit PBGC Case # _____
b Employer identification number/plan number ____-_____/____	
<b>2 Missing distributee identifying information</b>	
a Missing distributee's name (last, first, middle) _____	
b Social Security Number ____-____-____	c Date of birth __/__/____
d Last-known address	
(1) Street Address _____	
(2) City _____	(3) State _____
(4) Zip _____	
e Other name(s) ever used (if known) _____	
f Type of missing distributee <input type="checkbox"/> Participant <input type="checkbox"/> Beneficiary <i>(See instructions re: required attachment)</i>	
g Has the missing distributee received any benefit payments from this plan? <i>(If "yes", see instructions re: required attachment)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
h If any portion of the benefit due is attributable to mandatory employee contributions, enter the accumulated value of such contributions as of the Benefit Transfer Date _____	
i If this is an amended filing, enter the applicable code to indicate whether information for this missing distributee has changed or is being reported for the first time <i>(see instructions)</i> . _____	

<b>Part II — Benefit-Related Transfer Amount</b>	
<b>3 Benefit transfer amount</b>	_____
<b>4 Plan make-up amount, if applicable</b>	_____
<b>5 Total</b>	_____

<b>Part III — Missing Participant Benefit Information</b>					
<i>Complete this item only if "Participant" was checked in item 2g and total amount in item 5 exceeds \$5,000</i>					
<b>6 Lump sum eligibility</b> – Is this participant eligible to elect a lump sum? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>7 Annuity information</b> – Monthly straight life annuity to which participant is entitled assuming benefit commencement begins at each of the ages below. <i>See instructions for information about which entries may be left blank.</i>					
55 _____	58 _____	61 _____	64 _____	67 _____	70 _____
56 _____	59 _____	62 _____	65 _____	68 _____	71 _____
57 _____	60 _____	63 _____	66 _____	69 _____	RBD _____