



Missing Participants Program Plan Information for PBGC Non-Insured DB Plans

Form MP-300
Approved OMB 1212-####
Expires xx/xx/xxxx

Amended Filing-Type 1 Amended Filing-Type 2

July 29 draft

Part I — Identifying Information

1 Plan information

a Plan name _____

b Employer identification number/plan number ___-_____/____

c Plan contact

(1) Name _____ (2) Telephone _____ (3) email _____

(4) Street address _____

(5) City _____ (6) State _____ (7) Zip _____

Part II — Amounts Transferred to PBGC

2 Number of individuals for whom benefits are being transferred to PBGC

a Number with benefit transfer amounts of \$250 or less _____

b Number with benefit transfer amounts in excess of \$250 _____

c Total _____

3 Benefit transfer date _____/____/____

4 Amounts owed to PBGC for missing distributees reported in this filing

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-300 for this plan) _____

e Net amount due [item 4c – item 4d] _____

Part III — Diligent Search Information

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: _____

Part IV — Plan Administrator Certification

6 Certification of plan administrator – The plan administrator must sign and complete this item.

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 _____

E-mail address _____ Telephone _____ ext _____

Signature _____ Date _____



Individual Information Transfers to PBGC

Schedule B
(Form MP-300)
Approved OMB 1212-####
Expires xx/xx/xxxx

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

Part I — Identifying Information

1 Plan sponsor information

- a Plan name _____
- b Employer identification number/plan number ____ - ____ - ____ / ____ - ____

2 Missing distributee identifying information

- 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 Participant Beneficiary (See instructions re: required attachment)
- g Has the missing distributee received any benefit payments from this plan? Yes No
(If "yes", see instructions re: required attachment)
- 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 (see instructions). _____

Part II — Benefit-Related Transfer Amount

- 3 Benefit transfer amount _____
- 4 Plan make-up amount, if applicable _____
- 5 Total _____

Part III — Missing Participant Benefit Information

Complete this item only if "Participant" was checked in item 2g and total amount in item 5 exceeds \$5,000

- 6 Lump sum eligibility – Is this participant eligible to elect a lump sum? Yes No
- 7 Annuity information – Monthly straight life annuity to which participant is entitled assuming benefit commencement begins at each of the ages below. See instructions for information about which entries may be left blank.

| | | | | | |
|----------|----------|----------|----------|----------|-----------|
| 55 _____ | 58 _____ | 61 _____ | 64 _____ | 67 _____ | 70 _____ |
| 56 _____ | 59 _____ | 62 _____ | 65 _____ | 68 _____ | 71 _____ |
| 57 _____ | 60 _____ | 63 _____ | 66 _____ | 69 _____ | RBD _____ |