



Missing Participants Program Plan Information for Defined Contribution Plans

Form MP-200
Approved OMB 1212-####
Expires xx/xx/xxxx

Amended Filing-Type 1 Amended Filing-Type 2

July 29th 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 _____
- d Does the plan have a default beneficiary designation provision (*notifying plans may skip this item*) Yes No

Part II — Amounts Transferred to PBGC

2 Number of distributees whose account balances are being transferred to PBGC

- a Number with accounts of \$250 or less _____
- b Number with accounts in excess of \$250 _____
- c Total _____

3 Benefit Transfer Date _____ / ____ / ____

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

- a Aggregate account balances [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-200 for this plan) _____
- e Net amount due [item 4c – item 4d] _____

Part III — Certification

5 Certification – The plan administrator or qualified termination 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 § 4050.204.

Name of person signing: First name _____ Last name _____

E-mail address

____ - ____ - ____ ext ____
Telephone

Signature

____ / ____ / ____
Date



Individual Information Transfers to PBGC

Schedule B
(Form MP-200)
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 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 Beneficiary Information – *Complete only if "Participant" is checked in item 2g*
 - (1) Do plan records contain a valid beneficiary election form? *If yes, attach a copy of the form and complete items (2)-(4) with respect to the designated beneficiary.* Yes No
 - (2) Name _____ (3) Social Security number ____-____-____
 - (4) Relationship _____
- h Does this missing distributee's account contain any post-tax employee contributions other than Roth contributions. *(If "yes", see instructions re: required attachment)* Yes No
- 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 — Transfer Amount

- 3 Non-taxable portion (e.g., Roth contributions and investment earnings on such contributions) _____
- 4 Taxable portion (e.g., pre-tax employee contributions, employer contributions and investment earnings on non-Roth contributions) _____
- 5 Total account balance _____