

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					
(4) Street address					
(5) City (6) St					
d Does the plan have a default beneficiary designation pr	ovision (notifying plans may skip this item) 🗆 Yes 🗆 No				
Down II. Amounto T	warrafarrad to BBCC				
Part II — Amounts T					
2 Number of distributees whose account balances are bei	ng 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 reporte					
a Aggregate account balances [sum of item 5 from all Sc	nedules 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				
	ext				
E-mail address	Telephone				
<u> </u>	//				
Signature	Date				



(1) Street address _____

Individual Information Transfers to Financial Institution

Schedule A

(Form MP-200)

Approved OMB 1212-####
Expires xx/xx/xxxx

(2) City_____ (3) State ____ (4) Zip _____

Part II — Individuals for whom accounts were transferred to the institution reported in item (2)					
(3)	(4)	(5)	(6)	(7)	
Name	Social Security Number	Date of Birth	Account Number	Enter applicable code (Required only if this is an amended filing)	



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)

Plan sponsor information a Plan name_ b Employer identification number/plan number	Part	I — Identifying Information	
a Plan name_b Employer identification number/plan number		i dentifying information	
Missing distributee identifying information a Name (last, first, middle)			
Missing distributee identifying information a Name (last, first, middle)		or - /	
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			
d Last-known address (1) Street Address (2) City			
(1) Street Address (2) City	b Social Security Number	c Date of birth/_ /	
e Other name(s) ever used (if known) f Type of missing distributee	d Last-known address		
e Other name(s) ever used (if known) f Type of missing distributee	(1) Street Address		_
f Type of missing distributee	(2) City	(3) State	(4) Zip
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. (2) Name	e Other name(s) ever used (if known)		
(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. (2) Name	f Type of missing distributee ☐ Partici	ipant ☐ Beneficiary (See instructions re: requir	ed attachment)
(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. (2) Name	g Beneficiary Information – Complete only if "P	Participant" is checked in item 2g	
(4) Relationship	(1) Do plan records contain a valid beneficia	ary election form? If yes, attach a copy of the	□ Yes □ No
h Does this missing distributee's account contain any post-tax employee contributions other than Roth contributions. (If "yes", see instructions re: required attachment) 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)	(2) Name	(3) Social Security number	
than Roth contributions. (If "yes", see instructions re: required attachment) 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)	(4) Relationship		
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4 Taxable portion (e.g., pre-tax employee contributions, employer contributions and investment earnings on non-Roth contributions)		ns and investment earnings on such	
investment earnings on non-Roth contributions)	,		
	5 Total account balance	onsj	