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Instructions for Using Excel Template

Review the Form MP-300 instructions before entering data.

Overwrite the sample data shown with the data that needs to be reported.

Delete the non-applicable tab from the spreadsheet (i.e., Transferring Plans delete the Schedule A tab; Notifying Plans delete the Schedule B tab).

Enter the PBGC case number assigned to your plan in the heading of the applicable tab.

Save your spreadsheet as "Form 300 Excel Attachment_12345600" where "12345600" is the applicable case number of your plan.

Feel free to add a row at the bottom totalling amounts, counting participants, etc., but please insert a blank row between the individual data and any "total" row you want to add.



Schedule A individual data - Attachment to Form MP-300

See instructions for detailed information about data to be entered, including information about which items may be left blank

Case Number

12345600

Part I - Financial Institution Information							
Company Name	Contact Name	Contact Telephone	Contact Email	Street	City	State	Zip
2a	2b(1)	2b(2)	2b(3)	2c(1)	2c(2)	2c(3)	2c(4)
Annuitants-R-U	Geraldine Williams	800-555-1111	g.williams@ARU.com	52 Bluebird Drive	Newark	NJ	07101
Annuitants-R-U	Geraldine Williams	800-555-1111	g.williams@ARU.com	52 Bluebird Drive	Newark	NJ	07101
Annuitants-R-U	Geraldine Williams	800-555-1111	g.williams@ARU.com	52 Bluebird Drive	Newark	NJ	07101

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Part II - Individual Information

Missing distributee's name			Date of birth	Social security number (enter w-o dashes)	Last-known address			
Last	First	Middle			Street	City	State	Zip
3a(1)	3a(1)	3a(1)	3a(2)	3a(3)	3b(1)	3b(2)	3b(3)	3b(4)
White	Betty	E	5/5/1955	111111111	123 Robin Hwy Ave	City1	DE	42345
Yellow	Joseph	F	6/6/1965	222222222	123 Blackbird Rd	City2	WV	52345
Black	Polly	G	7/7/1970	333333333	123 Eagle St	City3	DE	62345

Accrued benefit information		Account/Certificate number	Amended Filing Code
Amount	If monthly, enter MB. If current value, enter CV	3d	4
3c	3c		
\$35,000.00	CV	1111111	
\$150.00	MB	2222222	
\$50.00	MB	3333333	



Schedule B individual data - Attachment to Form MP-300

See instructions for detailed information about data to be entered, including information about which items r

Case Number 12345600

							Part I - Identifying Info	
Missing distributee's name			Date of birth	Social Security Number (enter w-o dashes)	Last-known address			
Last	First	Middle			Street	City		
2a	2a	2a	2b	2c	2d(1)	2d(2)		
White	James	E	5/5/1955	111111111	123 Robin Hwy Ave	City1		
Yellow	Joseph	F	6/6/1965	222222222	123 Blackbird Rd	City2		
Black	Polly	G	7/7/1970	333333333	123 Eagle St	City3		

may be left blank

Information							Part II	
State	Zip	Other name(s) ever used	Type of distributee P if Participant B if Beneficiary	Prior payments (Yes or No)	Non-U.S. Source Income (Yes or No)	Employee contributions (Yes or No)	Amended filing code	Benefit transfer amount @ BDD
2d(3)	2d(4)	2e	2f	2g	2h	2i	2j	3
DE	42345		P	No	No	No		\$35,000.00
WV	52345		P	No	No	No		\$10,000.00
DE	62345		B	No	No	No		\$150.00

Benefit Information**Single Life Annuity payable at various ages**

Age 60	Age 61	Age 62	Age 63	Age 64	Age 65	NRD (or accrual cessation date, if later)
8b	8b	8b	8b	8b	8b	8b
\$262.50	\$280.00	\$297.50	\$315.00	\$332.50	\$350.00	\$350.00
\$75.00	\$80.00	\$85.00	\$90.00	\$95.00	\$100.00	\$100.00