

# **Instructions for Using Excel Template**

- 1. Review the Form MP-400 instructions before entering data.
- 2. Overwrite the sample data shown with the data that needs to be reported.
- 3. If either Schedule isn't required, delete the non-applicable tab from the spreadsheet.
- 4. Enter the PBGC case number assgined to your plan in the heading of the applicable tab.
- 5. Save your spreadsheet as "Form 400 Excel Attachment\_12345600" where "12345600" is the applicable case number of your plan.
- 6. 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-400

See instructions for detailed information about data to be entered, including information about which items may be lefter than 12345600.

	Part I - Insurance Company Information										
Company Name	Policy Number	Number Contact Name Contact Ema Telephone		Contact Email	Street	City					
Company Name	•										
2a	2b	2c(1)	2c(2)	2c(3)	2d(1)	2d(2)					
Annuties-R-Us	ABC123435	Geraldine Williams	800-555-1111	g.williams@ARU.com	52 Bluebird Drive	Newark					
Annuties-R-Us	ABC123435	Geraldine Williams	800-555-1111	g.williams@ARU.com	52 Bluebird Drive	Newark					
Annuties-R-Us	ABC123435	Geraldine Williams	800-555-1111	g.williams@ARU.com	52 Bluebird Drive	Newark					

# ft blank

						Par	t II - Individ	duals for whom Anr	nuiti
State	Zip	Missing distributee's name Date of				Social security number	Certificate number		La
		Last	First	Middle		(enter w-o dashes)	number	Street	
2d(3)	2d(4)	3a(1)	3a(1)	3a(1)	3a(2)	3a(3)	3a(4)	3b(1)	
NJ	07101	White	Betty	E	5/5/1955	111111111	1111111	123 Robin Hwy Ave	
NJ	07101	Yellow	Joseph	F	6/6/1965	22222222	2222222	123 Blackbird Rd	
NJ	07101	Black	Polly	G	7/7/1970	333333333	3333333	123 Eagle St	

	ies were Purchased										
Missing distributee's namst-known address											
Last	First		City	State	Zip						
3a(1)	3a(1)		3b(2)	3b(3)	3b(4)						
White	Betty	City1		DE	42345						
Yellow	Joseph	Joseph City2		WV	52345						
Black	Polly	City3		DE	62345						

Missin	g distributee's nam	Accrued	Amended Filing	
Last	First	Amount	If monthly, enter MB. If current value, enter CV	Code
3a(1)	3a(1)	3c	3c	4
White	Betty	\$35,000.00	CV	
Yellow	Joseph	\$150.00	MB	
Black	Polly	\$50.00	MB	



#### Schedule B individual data - Attachment to Form MP-400

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

Case Number 12345600

Missing	Missing distributee's name  Date of birth   Social Security Number   (enter w-o dashes)				Part I - Identifying Information  Last-known address				
Last	First	Middle		,	Street	City	State	Zip	
2a	2a	2a	2b	2c	2d(1)	2d(2)	2d(3)	2d(4)	
Whi	te James	E	5/5/1955	111111111	123 Robin Hwy Ave	City1	DE	42345	
Yello	w Joseph	F	6/6/1965	22222222	123 Blackbird Rd	City2	WV	52345	
Bla	ck Pollv	G	7/7/1970	33333333	123 Eagle St	Citv3	DE	62345	



## Schedule B ind See instructions f Case Number

									Part II	- Amount Ow
<b>N</b> Last	Missing dist	ributee's name First		P if Participant B if Beneficiary	Prior payments (Yes or No)	Non-U.S. Source Income (Yes or No)		Amended filing code		Administrative fee (if applicable)
2a		2a	2e	2f	2g	2h	2i	2j	3	4
	White	James		P	No	No	No	•	\$35,000.00	\$35.00
	Yellow	Joseph		P	No	No	No		\$10,000.00	\$35.00
	Black	Polly		В	No	No	No		\$150.00	\$0.00



## Schedule B ind See instructions f Case Number

		red to Pl	3GC				Part III - Missing Participant Benefit					nefit Info
N	Missing distributee's name	Late p	ayment	Lump sum eligibility	Normal retirement	Monthly SLA @ BDD			Monthly Single Life Ann			le Life Annı
Last	First	Amount		1 7, 1, 1	date		Age 55	Age 56	Age 57	Age 58	Age 59	Age 60
2a	2a	5a	5b	6	7	8a	8b	8b	8b	8b	8b	8b
	White Jame	es \$0.00	\$0.00	Yes	6/1/2020	\$318.00	\$175.00	\$192.50	\$210.00	\$227.50	\$245.00	\$262.50
	Yellow Josep	h \$0.00	\$0.00	) No	7/1/2030	\$0.00	\$50.00	\$55.00	\$60.00	\$65.00	\$70.00	\$75.00
	Black Pol	ly \$0.00	\$0.00	)								



## Schedule B ind See instructions f Case Number

			mation					
N	lissing distribu	tee's name	ity payable	at various a	ges			
Last		First	Age 61	Age 62	Age 63	Age 64	Age 65	NRD (or accrual cessation date, if later)
2a		2a	8b	8b	8b	8b	8b	8b
	White	James	\$280.00	\$297.50	\$315.00	\$332.50	\$350.00	\$350.00
	Yellow	Joseph	\$80.00	\$85.00	\$90.00	\$95.00	\$100.00	\$100.00
	Black	Pollv						