

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 less **Case Number** 12345600

Part I - Insurance Company Information										
Company Name	Policy Number	cy Number Contact Name Contact 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 Annuiti
State	Zip	Missing distributee's na		ame	Date of birth	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	Е	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	City2		WV	52345					
Black	Polly	City3	City3		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

							art I - Identifying		ation
Mi	Missing distributee's name				Social Security Number (enter w-o dashes)	Last-known address			
Last	Fi	rst	Middle		(enter w o dashes)	Street	City	State	Zip
2a	2	2a	2a	2b	2c	2d(1)	2d(2)	2d(3)	2d(4)
	White	James	E	5/5/1955	111111111	123 Robin Hwy Ave	City1	DE	42345
	Yellow	Joseph	F	6/6/1965	22222222	123 Blackbird Rd	City2	WV	52345
	Black	Polly	G	7/7/1970	33333333	123 Eagle St	City3	DE	62345



Schedule B ind See instructions f Case Number

г										
									Part II	- Amount Ow
	Missing	distributee's name	Other name(s) ever used	Type of distributee	Prior payments	Non-U.S. Source	Employee contributions	Amended filing code		Administrative fee (if
	Last	First		P if Participant B if Beneficiary	(Yes or No)	Income (Yes or No)	(Yes or No)		amount @ BDD	applicable)
	2a	2a	2e	2f	2g	2h	2i	2j	3	4
_	Whi	te James		Р	No	No	No	•	\$35,000.00	\$35.00
	Yello	w Joseph		Р	No	No	No		\$10,000.00	\$35.00
	Blac	ck Polly		В	No	No	No		\$150.00	\$0.00



Schedule B ind See instructions f Case Number

		red to P	BGC				Par	t III - Miss	ing Partic	ipant Ber	nefit Info	
ı	Missing distributee's name	Late p	ayment	Lump sum eligibility	Normal retirement	Monthly SLA @ BDD			Monthly Single Life Annu			
Last	First	Amount	Interest	1 %, 5	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 Jam	es \$0.0	\$0.00) Yes	6/1/2020	\$318.00	\$175.00	\$192.50	\$210.00	\$227.50	\$245.00	\$262.50
	Yellow Jose	oh \$0.0	\$0.00) No	7/1/2030	\$0.00	\$50.00	\$55.00	\$60.00	\$65.00	\$70.00	\$75.00
	Black Po	ly \$0.0	\$0.00)								



Schedule B ind See instructions f Case Number

			mation					
N	Missing distribu	itee'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						