



# Missing Participants Program

## Plan Information for Defined Contribution Plans

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

Amended Filing

Pending OMB approval

### Part I — General Information

**1 Plan information**

a Plan name \_\_\_\_\_

b Employer identification number/plan number \_\_ - \_\_\_\_ / \_\_\_\_ c 8-digit PBGC Case # \_\_\_\_\_

d Plan contact

(1) Name \_\_\_\_\_ (2) Company \_\_\_\_\_

(3) Street address \_\_\_\_\_

(4) City \_\_\_\_\_ (5) State \_\_\_\_\_ (6) Zip \_\_\_\_\_

(7) Telephone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ ext \_\_\_\_\_ (8) email \_\_\_\_\_

e Is plan electing to be a transferring plan or a notifying plan? (check applicable box)  Transferring  Notifying

	(1) Account \$250 or less	(2) Account more than \$250	(3) Total
<b>2 Number of Missing Distributees</b> (Notifying plans may omit breakdown)	_____	_____	_____

**3 Amended filings only** - Did the original filing contain information on anyone who is no longer considered missing (i.e., has anyone been removed from the applicable Schedule B)? (attachment required if "Yes")  Yes  No

### Part II — Additional Information for Transferring Plans

**4 Benefit transfer date** \_\_\_\_\_

**5 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 number reported in column (2) of item 2] \_\_\_\_\_

c Total [item 5a + item 5b] \_\_\_\_\_

**6 Reconciliation (amended filings only)**

a Amounts previously paid in conjunction with prior Forms MP-200 for this plan \_\_\_\_\_

b Underpayment/(overpayment) [item 5c – item 6a] \_\_\_\_\_

**7 Payment method**  Pay.gov  Other electronic funds transfer  Paper check

**8 Default beneficiary provision** — Does the plan have a default beneficiary designation provision?  Yes  No

### Part III — Certification

**9 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 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, including the diligent search requirements of 29 CFR § 4050.204.*

Name of person signing: First name \_\_\_\_\_ Last name \_\_\_\_\_

\_\_\_\_\_ ext \_\_\_\_\_  
 email Telephone

\_\_\_\_\_ Date

Signature



# Individual Information - Notifying Plans

**Schedule A**  
(Form MP-200)  
Approved OMB 1212-####  
Expires xx/xx/xxxx

This Schedule A is # \_\_\_\_\_ of \_\_\_\_\_ (insert total # of Schedules A included in this filing)

## Part I — Plan/Financial Institution Information

### 1 Plan information

a Plan name \_\_\_\_\_  
b Employer identification number/plan number \_\_ - \_\_\_\_ / \_\_\_\_ c 8-digit PBGC Case # \_\_\_\_\_

### 2 Financial institution information

a Financial institution name \_\_\_\_\_  
b Financial institution contact information  
(1) Name \_\_\_\_\_ (2) Telephone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (3) email \_\_\_\_\_  
c Financial institution address  
(1) Street address \_\_\_\_\_  
(2) City \_\_\_\_\_ (3) State \_\_\_\_ (4) Zip \_\_\_\_\_

## Part II — Individual Information

Complete items 3-4 for each missing individual whose DC account was transferred to a financial institution that you are reporting to PBGC. Use additional schedules as needed.

### 3 Missing distributee information

a Identifying information  
(1) Name (last, first, middle) \_\_\_\_\_ (2) Date of birth \_\_ / \_\_ / \_\_\_\_  
(3) Social security number \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
b Last-known address  
(1) Street address \_\_\_\_\_  
(2) City \_\_\_\_\_ (3) State \_\_\_\_ (4) Zip \_\_\_\_\_  
c Account information  
(1) Account number \_\_\_\_\_ (2) Account balance transferred \_\_\_\_\_

**4 Amended filing code** — 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*). \_\_\_\_\_

### 3 Missing distributee information

a Identifying information  
(1) Name (last, first, middle) \_\_\_\_\_ (2) Date of birth \_\_ / \_\_ / \_\_\_\_  
(3) Social security number \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
b Last-known address  
(1) Street address \_\_\_\_\_  
(2) City \_\_\_\_\_ (3) State \_\_\_\_ (4) Zip \_\_\_\_\_  
c Account information  
(1) Account number \_\_\_\_\_ (2) Amount balance transferred \_\_\_\_\_

**4 Amended filing code** — 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*). \_\_\_\_\_



# Individual Information - Transferring Plans

Schedule B  
(Form MP-200)  
Approved OMB1212-####  
Expires xx/xx/xxxx

This Schedule B is # \_\_\_\_\_ of \_\_\_\_\_ (insert total # of Schedules B included in this filing)

## Part I — Plan Information

**1 Plan information**

a Plan name \_\_\_\_\_

b Employer identification number/plan number \_\_\_\_-\_\_\_\_\_/\_\_\_\_\_ c 8-digit PBGC Case # \_\_\_\_\_

## Part II — Individual Information

**2 Missing distributee information**

a Name (last, first, middle) \_\_\_\_\_

b Date of birth \_\_/\_\_/\_\_\_\_ c Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

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 (if checked, see instructions re: required attachment)

## Part III — 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** [item 3 + item 4] \_\_\_\_\_

## Part IV— Miscellaneous Information

**6 Beneficiary Information** — Complete only if "Participant" is checked in item 2f

a Do plan records contain a valid beneficiary election form? If yes, attach a copy of the form and complete items (b)-(d) with respect to the designated beneficiary.  Yes  No

b Name \_\_\_\_\_ c Social Security number \_\_\_\_-\_\_\_\_-\_\_\_\_

d Relationship \_\_\_\_\_

**7 Post-tax contributions** — 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

**8 Amended filing code** — 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). \_\_\_\_\_