



1)

2)

3)

4)

5)

6)

1.

2.

3.

4.

5.

6.

Instructions for Completing Excel Template

Overwrite the sample data in each tab and populate the applicable tab for:

- Notifying PBGC of transfer to Financial Institution: Schedule A; or
- Transferring Funds to PBGC: Schedule B

If both schedules aren't required, delete the non-applicable Schedule tab from the spreadsheet.

Enter your applicable case number in the heading of the applicable tab.

Use the appropriate schedule as a guide while filling out this spreadsheet.

When the instructions on the schedule direct to leave an item number or part of the schedule blank, please leave the appropriate field(s) blank on this spreadsheet.

Save your spreadsheet as "Form 200 Excel Attachment_12345600" where "12345600" is the applicable case number of your plan.

If you have any questions on what you should populate in any field, please see the appropriate item number on the schedule and research the applicable section of the MP-200 Instructions.

Review the Form MP-200 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 200 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 data and any "total" row you want to add.

ns may be left blank

Missing distributee's name			Date of birth	Social security number (enter w-o dashes)	Street
Last	First	Middle			
3a(1)	3a(1)	3a(1)	3a(2)	3a(3)	3b(1)
White	Betty		E	5/5/1955	111111111 123 Robin Hwy Ave
Yellow	Joseph		F	6/6/1965	222222222 123 Blackbird Rd
Black	Polly		G	7/7/1970	333333333 123 Eagle St

Last-known address			Account information		Amended Filing Code
City	State	Zip	Account number	Account balance transferred	
3b(2)	3b(3)	3b(4)	3c(1)	3c(2)	4
City1	DE	42345	1111111111	\$25,000.00	
City2	WV	52345	2222222222	\$10,000.00	
City3	DE	62345	3333333333	\$2,500.00	



Schedule B individual data - Attachment to Form MP-200

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

Case Number 12345600

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
2a	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	Joe		F	6/6/1965	222222222 123 Blackbird Rd	City2	WV	52345
Black	Polly		G	7/7/1970	333333333 123 Eagle St	City3	DE	62345

		Part III - Transfer Amount							
Other name(s) ever used 2e	Type of distributee P if Participant B if Beneficiary 2f	Transfer amount						Non-qualified Roth transfer Date of 1st Roth Contribution 7	Valid Beneficiary Election Form? 8a
		Pre Tax Contributions 3	Qualified Roth transfers 4a	Non-qualified Roth transfers 4b	Other 4c	Total 5	Non U.S. Source Income (Yes or No) 6		
	P	\$2,000.00	\$0.00	\$5,000.00	\$0.00	\$7,000.00		YES	
	P	\$10,000.00	\$0.00	\$0.00	\$0.00	\$10,000.00		NO	
	B	\$0.00	\$25,000.00	\$0.00	\$3,500.00	\$28,500.00			

Part IV - Miscellaneous Information

Beneficiary information			Post-Tax Contributions (YES or NO)	Amended Filing Code
Name	SSN enter w-o dashes	Relationship		
8b	8c	8d		9
Jane White	999999999	Spouse	YES NO NO	