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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 must be entered.

Case Number 12345600

							Part I - Identifying Information	
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