



# 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 assigned 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 le

**Case Number**

12345600

**Part I - Insurance Company Information**

Company Name	Policy Number	Contact Name	Contact Telephone	Contact Email	Street	City
Company Name						
2a	2b	2c(1)	2c(2)	2c(3)	2d(1)	2d(2)
Annuities-R-U	ABC123435	Geraldine Williams	800-555-1111	g.williams@ARU.com	52 Bluebird Drive	Newark
Annuities-R-U	ABC123435	Geraldine Williams	800-555-1111	g.williams@ARU.com	52 Bluebird Drive	Newark
Annuities-R-U	ABC123435	Geraldine Williams	800-555-1111	g.williams@ARU.com	52 Bluebird Drive	Newark

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**Part II - Individuals for whom Annuity**

State	Zip	Missing distributee's name			Date of birth	Social security number (enter w-o dashes)	Certificate number	La:  Street
		Last	First	Middle				
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	222222222	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	DE	62345

Missing distributee's name		Accrued benefit information		Amended Filing Code
Last	First	Amount	If monthly, enter MB. If current value, enter CV	
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**

**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	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	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



**Schedule B ind**  
See instructions f  
**Case Number**

							<b>Part II - Amount Ow</b>		
<b>Missing distributee's name</b>		<b>Other name(s) ever used</b>	<b>Type of distributee</b>	<b>Prior payments (Yes or No)</b>	<b>Non-U.S. Source Income (Yes or No)</b>	<b>Employee contributions (Yes or No)</b>	<b>Amended filing code</b>	<b>Benefit transfer amount @ BDD</b>	<b>Administrative fee (if applicable)</b>
Last	First		P if Participant if Beneficiary B	2g	2h	2i	2j	3	4
2a	2a	2e	2f						
White	James		P	No	No	No		\$35,000.00	\$35.00
Yellow	Joseph		P	No	No	No		\$10,000.00	\$35.00
Black	Polly		B	No	No	No		\$150.00	\$0.00



**Schedule B ind**  
See instructions f  
**Case Number**

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red to PBGC					Part III - Missing Participant Benefit Info							
Missing distributee's name		Late payment		Lump sum eligibility (Yes or No)	Normal retirement date	Monthly SLA @ BDD	Monthly Single Life Annu					
Last	First	Amount	Interest				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	James	\$0.00	\$0.00	Yes	6/1/2020	\$318.00	\$175.00	\$192.50	\$210.00	\$227.50	\$245.00	\$262.50
Yellow	Joseph	\$0.00	\$0.00	No	7/1/2030	\$0.00	\$50.00	\$55.00	\$60.00	\$65.00	\$70.00	\$75.00
Black	Polly	\$0.00	\$0.00									



**Schedule B ind**  
See instructions f  
**Case Number**

Information							
Missing distributee's name		Annuity payable at various ages					
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	Polly						