

## **Missing Participants Program Plan Information for Small Professional Service DB Plans**

Form MP-300

Approved OMB 1212-0069 Expires xxxxxx

**Clear Form** 

Protecting America's Pensions	Amended Filing	Clear Form		
Part I — General Information				
1 Plan information				
a Plan name				
<b>b</b> Employer identification number/plan num	nber/	<b>c</b> 8-digit PBGC Case #	-	
d Plan contact	(2) C			
(1) Name				
(3) Street address (4) City		(6) 7in -		
(7) Telephone ext				
			tifving	
e Is plan electing to be a transferring plan of	(1)	(2)	(3)	
2 Number of Missing Distributees (Notifying plans may omit breakdown)	Benefit transfer amounts \$250 or less	• •	Total  0	
3 Benefit determination date (BDD)				
4 Commercial locator service(s) used (if any)				
5 Amended filings only - Did the original filin missing (i.e., has anyone been removed from	-		OYes No	
Part II — Additional Information for Transferring Plans				
6 Amounts owed to PBGC for missing distributees reported in this filing				
a Aggregate benefit transfer amount as of BDD [sum of item 3 from all Schedules B]				
<b>b</b> Administrative fee [\$35 x number reported in column (2) of item 2] \$ 0.00				
c Aggregate late payment charge [sum of item 5b from all Schedules B]				
<b>d</b> Total [item 6a + item 6b + item 6c] \$0.00				
7 Reconciliation (amended filings only)				
a Amounts previously paid in conjunction with prior Forms MP-300 for this plan				
<b>b</b> Underpayment/(overpayment) [item 6d – item 7a]				
	ther electronic funds transfer	Paper check		
Part III — Plan Administrator Certification				
9 Certification of plan administrator – The plan administrator must sign and complete this item.				
I certify that to the best of my knowledge and be has been determined in accordance with PBGC search requirements of 29 CFR § 4050.304.	's Missing Participants regulation	ns and instructions, including the dilige	ent	
Name of person signing: First name	Last name			
		ext	_	
email		Telephone		
Signature		Date		



This Schedule A is #\_\_\_\_\_of\_\_\_

## **Individual Information - Notifying Plans**

Schedule A

(Form MP-300) Approved OMB 1212-0069 Expires 1/31/2021

Click here to add another Sch A

(insert total # of Schedules A included in this filing)

Part I — Plan/Financial Institution Information				
1 Plan sponsor information				
a Plan name				
<b>b</b> Employer identification number/plan number		c 8-digit PBGC Case #		
2 Financial institution information a Financial institution name				
<b>b</b> Financial institution contact information		<del></del>		
	no	(2) omail		
(1) Name (2) Telephone c Financial institution address	ne	(5) eman		
(1) Street address(2) City	(3) State	(4) 7ip =		
(2) (1)	(5) 5tate	(1) 2.2		
Part II — Individual Information				
Complete items 3-4 for each missing individual whose benefit 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>b</b> Last-known address				
(1) Street address				
(2) City	(3) State	(4) Zip		
c Accrued benefit (enter amount and check applicable box)		Monthly benefit Current value		
<b>d</b> Account/ <b>c</b> ertificate number				
<b>4 Amended filing code</b> — 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>b</b> Last-known address				
(1) Street address				
(2) City	(3) State	(4) Zip		
c Accrued benefit (enter amount and check applicable box)_		Monthly benefit Current value		
<b>d</b> Account/ <b>c</b> ertificate number				
<b>4 Amended filing code</b> — If this is an amended filing, of information for this missing distributee has change	• •			



This Schedule B is # of

## **Individual Information – Transferring Plans**

Schedule B (Form MP-300) Approved OMB 1212-0069 Expires 1/31/2021

Click here to add another Sch B

(insert total # of Schedules B included in this filing)

Part I — Identifying Information 1 Plan information **a** Plan name **b** Employer identification number/plan number \_ \_ - \_ \_ \_ \_ **c** 8-digit PBGC Case # \_ \_ \_ \_ \_ **d** Benefit determination date (BDD) per Form MP-300 \_\_\_\_\_ 2 Missing distributee identifying information a Missing distributee's name (last, first, middle) **b** Date of birth \_\_\_\_\_ **c** Social Security Number - **d** Last-known address (1) Street address (4) Zip \_\_\_ \_\_ (3) State (2) City \_\_\_\_\_ e Other name(s) ever used (if known) Beneficiary (See instructions re: required attachment) Participant f Type of missing distributee g Has missing distributee received any benefit payments from this plan? (Attachment required if "Yes") Yes No h Is any portion of the missing distributee's benefit attributable to non-U.S.-source income? □ X\*\(\text{\$\omega\$}\) (Attachment required if "Yes") i Is any portion of the benefit attributable to employee contributions? (Attachment required if "Yes") □ Yes □ No j 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). Part II – Amount owed to PBGC 3 Benefit transfer amount as of benefit determination date (BDD) **4 Administrative fee** (if item 3 > \$250, enter \$35, otherwise enter \$0) 5 Late payment charge a Late payment (Portion of item 3 transferred, or to be transferred, more than 90 days after BDD) **b** Interest owed on late payment (If item 5a is \$0, enter \$0; otherwise, see instructions) Part III — Missing Participant Benefit Information Complete this part only if "Participant" was checked in item 2f, "no" was checked in item 2g, and amount in item 3 exceeds \$5,000 **6 Lump sum eligibility** – Was participant eligible to elect a lump sum? 7 Normal retirement date\* 8 Annuity information a Monthly straight life annuity payable starting at Benefit Determination Date Complete this item only if the participant is over age 55 and eligible to commence benefits at the BDD and has not yet reached Normal Retirement Age. b Monthly straight life annuity payable that the participant is entitled to assuming payments commence at each applicable age below. Enter N/A for ages/dates: (a) after the participant's NRD\*; (b) before the participant would have been eligible to commence benefits had the plan not terminated; or (c) before BDD. 58 61 55 59 62 NRD\*

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<sup>\*</sup>Or if later, the date benefit accruals ceased.