





# Individual Information - Notifying Plans

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

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

## Part I — Plan/Financial Institution Information

### 1 Plan sponsor 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 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 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  
d Account/certificate number \_\_\_\_\_

### 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 Accrued benefit (enter amount and check applicable box) \_\_\_\_\_  Monthly benefit  Current value  
d Account/certificate number \_\_\_\_\_

### 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-300)  
Approved OMB 1212-0069  
Expires 1/31/2021

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This Schedule B is # \_\_\_\_\_ of \_\_\_\_\_ (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 \_\_\_\_\_
  - (2) City \_\_\_\_\_      (3) State \_\_\_\_\_      (4) Zip \_\_\_\_\_ - \_\_\_\_\_
- e Other name(s) ever used (if known) \_\_\_\_\_
- f Type of missing distributee       Participant       Beneficiary (See instructions re: required attachment)
- 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?       Yes  No  
(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?       Yes  No
- 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.
 

55 _____	58 _____	61 _____	64 _____
56 _____	59 _____	62 _____	65 _____
57 _____	60 _____	63 _____	NRD* _____

\*Or if later, the date benefit accruals ceased.