





# Individual Information - Annuity Purchases

Schedule A

(Form MP-400)

Approved OMB 1212-0069

Expires xxxxx

[Click here to add another Sch A](#)

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

## Part I — Plan/Insurance Company Information

### 1 Plan information

a Plan name \_\_\_\_\_

b Employer identification number/plan number \_\_\_ - \_\_\_ / \_\_\_ c 8-digit PBGC Case # \_\_\_\_\_

### 2 Insurance company information

a Insurance company name \_\_\_\_\_ b Policy number \_\_\_\_\_

#### c Insurance company contact information

(1) Name \_\_\_\_\_ (2) Telephone \_\_\_ - \_\_\_ - \_\_\_ (3) email \_\_\_\_\_

#### d Insurance company address

(1) Street address \_\_\_\_\_

(2) City \_\_\_\_\_ (3) State \_\_\_\_\_ (4) Zip \_\_\_\_\_ -

## Part II — Individuals for whom Annuities were Purchased

Complete items 3-4 for each missing individual for whom an annuity was purchased. If more than two individuals need to be reported, 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 \_\_\_ - \_\_\_ - \_\_\_ (4) Certificate # \_\_\_\_\_

#### 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

**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 \_\_\_ - \_\_\_ - \_\_\_ (4) Certificate 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

**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 - Transfer to PBGC

**Schedule B**  
(Form MP-400)  
Approved OMB 1212-0069  
Expires xxxxx

[Click here to add another Sch B](#)

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-400 \_\_\_\_\_

### 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.

<b>55</b> _____	<b>58</b> _____	<b>61</b> _____	<b>64</b> _____
<b>56</b> _____	<b>59</b> _____	<b>62</b> _____	<b>65</b> _____
<b>57</b> _____	<b>60</b> _____	<b>63</b> _____	<b>NRD*</b> _____

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