

# Instructions for Using Excel Template

[Review the Form MP-300 Instructions before entering data.https://www.pbgc.gov/sites/default/fil](https://www.pbgc.gov/sites/default/fil)

Enter the PBGC case number assigned to your plan in the heading of the applicable tab.

Overwrite the sample data shown with the data that needs to be reported.

If either Schedule isn't required, delete the non-applicable tab from the spreadsheet.

Use the appropriate schedule as a guide while filling out this spreadsheet.

Save your spreadsheet as "Form 300 Excel Attachment\_12345600" where "12345600" is the applicable case number of your plan.



## 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**

Case Name **ABC**

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

nk

### 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 m

Case Number **12345600**

Case Name **ABC**

Part I - Identifying Inf						
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

**Additional information  
or attachment Required  
to describe this  
situation**

Information							Part I	
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
\$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





**Removed via Amendment data - Attachment to Form MP-300**

See instructions for detailed information about data to be entered, including

**Case Number** [12345600](#)

**Case Name** [ABC](#)

**Removed via Amendment**

		Last-known address	
Distributee SSN	Distributee Name	Street	City

[123456789](#)

[A Smith](#)

[789 Main St](#)

[City 1](#)

ing information about which ite

Address	
State	Zip
VA	22151

VA

22151

Items may be left blank

Reason Removed	Amount Adjusted

Found and paid out

\$ 500.00