

Galley Mockup

Data Elements

Retirement Savings Lost and Found Voluntary Information Collection Request

The requested data elements set out in sections III, IV and V of the Proposed Information Collection Request (89 FR 26932 (April 16, 2024)) are duplicated below and redlined to show the changes made in response to public comments. The remaining data elements constitute the revised information collection request.

HH. Plans With Separated Vested Participants

For any plan with a participant or former participant described in 26 U.S.C. 6057(a)(2)(C)([i](#)) and [ii](#)) (“separated vested participant”), provide the following information with respect to the plan **in accordance with filing instructions created by the Department**:

1. Name and plan number of plan as reflected on the most recent Form 5500 Annual Return/Report of Employee Benefit Plan or Form 5500-SF Short Form Annual Return/Report of Employee Benefit Plan (individually and collectively “Form 5500”).
2. Name, employer identification number (EIN), mailing address, and telephone number of the plan administrator as reflected on the most recent Form 5500.
3. Name, EIN, ~~mailing address~~, and telephone number of the plan sponsor as reflected on the most recent Form 5500. ~~If the plan had plan sponsors other than the plan sponsor on the most recent Form 5500, provide the names and EINs of the prior plan sponsors and include the date of change.~~
- ~~4. Name, date of birth, mailing address, email address, telephone number, and social security number (SSN) of each separated vested participant.~~
- ~~5. Nature, form, and amount of benefit of each separated vested participant.~~
- ~~6. If the vested benefit of each such separated vested participant was fully paid in a form other than an annuity (i.e., lump sum payout) to the separated vested participant, provide the date and the amount of the distribution.~~
- ~~7. If an annuity form of benefit, state whether the separated vested participant has begun receiving benefits, the date of the annuity commencement, and the monthly benefit.~~
4. Name, ~~date of birth, mailing address, email address, telephone number~~, and SSN of any separated vested participant aged **65** (or older) **who** is owed a vested benefit, ~~and who has been~~

~~unresponsive to plan communications about their benefits or whose contact information as set forth in paragraph 4 above, the plan has reason to believe is no longer accurate.~~

~~9. Name, date of birth, mailing address, email address, telephone number, and SSN of any designated beneficiary of the separated-vested participant.~~

~~10. With respect to any participant whose benefit was transferred to the plan in the manner described in Line 9 of the Form 8955-SSA, provide the name and plan number of the transferor plan. Include the date of transfer to the plan.~~

IV. Plans That Distributed Benefits Under Section 401(a)(31)(B) of the Internal Revenue Code—

~~For any plan that distributed benefits under section 401(a)(31)(B) of the Code, provide the following information with respect to the plan:~~

~~1. Name of plan and plan number as reflected on the most recent Form 5500. If the plan had names other than the name on the most recent Form 5500, provide the prior names and plan numbers to include the date of change.~~

~~2. Name, EIN, mailing address, and telephone number of the plan administrator as reflected on the most recent Form 5500. If the plan had plan administrators other than the plan administrator on the most recent Form 5500, provide the names and EINs of the prior plan administrators and include the date of change.~~

~~3. Name, EIN, mailing address, and telephone number of the plan sponsor as reflected on the most recent Form 5500, if different than the plan administrator. If the plan had plan sponsors other than the plan sponsor on the most recent Form 5500, provide the names and EINs of the prior plan sponsors and include the date of change.~~

~~4. Name, date of birth, mailing address, email address, telephone number and SSN of each participant or former participant with respect to whom any amount of the vested benefit was distributed under section 401(a)(31)(B) of the Code.~~

~~5. With respect to such participant or former participant, the name of the designated trustee or issuer described in section 401(a)(31)(B) of the Code.~~

~~6. With respect to such participant or former participant, the address of the designated trustee or issuer described in section 401(a)(31)(B) of the Code.~~

~~7. With respect to such participant or former participant, the amount of the distribution.~~

~~8. With respect to such participant or former participant, the account number of the individual retirement plan to which the amount was distributed.~~

- ~~9. With respect to such participant or former participant, the name, date of birth, mailing address, email address, telephone number, and SSN of any designated beneficiary.~~

~~V. Plans That Distributed Annuities~~

~~For any plan that distributed benefits pursuant to an annuity contract described in 29 CFR 2510.3-3(d)(2)(ii), provide the following information with respect to the plan:~~

- ~~1. Name and plan number of plan as reflected on the most recent Form 5500. If the plan had names other than the name on the most recent Form 5500, provide the prior names and plan numbers to include the date of change.~~
- ~~2. Name, EIN, mailing address, and telephone number of the current plan administrator as reflected on the most recent Form 5500. If the plan had plan administrators other than the plan administrator on the most recent Form 5500, provide the names and EINs of the prior plan administrators and include the date of change.~~
- ~~3. Name, EIN, mailing address, and telephone number of plan sponsor as reflected on the most recent Form 5500, if different than the plan administrator. If the plan had plan sponsors other than the plan sponsor on the most recent Form 5500, provide the names and EINs of the prior plan sponsors and include the date of change.~~
- ~~4. Name, date of birth, SSN, mailing address, email address, and telephone number of each participant or former participant with respect to whom an annuity contract, described in 29 CFR 2510.3-3(d)(2)(ii), was distributed.~~
- ~~5. With respect to such participant or former participant, the name of the issuer of the annuity contract.~~
- ~~6. With respect to such participant or former participant, the address of the issuer of the annuity contract.~~
- ~~7. With respect to such participant or former participant, the contract or certificate number.~~
- ~~8. With respect to such participant or former participant, the name, date of birth, mailing, address, email address, telephone number, and SSN of any designated beneficiary.~~