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# Instructions for Using Excel Template

[Review the Form MP-100 Instructions before entering data.https://www.pbgc.gov/site](https://www.pbgc.gov/site)

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 100 Excel Attachment\_12345600" where "12345600" is the applicable number of your plan.

Feel free to add a row at the bottom totalling amounts, counting participants, etc., but please insert a row between the individual data and any "total" row you want to add.

## Schedule B Individual

### COLOR CODE KEY



### TAB

Removed via  
Amendment

## **I data for Transferring Plans - Attachment to Form MP-100**

**Use these color indicators when reviewing your filing spreadsheet to insure you have included all the necessary data and descriptions.**

When Data is entered and the Cell is highlighted with a blue background and a white font, additional information is needed to describe the situation. You can use fields to the right if it's related to a missing distributee being a beneficiary or a portion of the benefit attributable to non-US source income. You will need to include an attachment if it's related to Other post-tax contributions or a Beneficiary election form.

**Use this Tab for participants that were removed from the Plan Via Amendment, why they were removed and any benefit amount in 8a if a copy of the form is not available.**

**Part II - Individuals for whom Annuity**

Missing distributee's name			Date of birth	Social security number (enter w-o dashes)	Certificate number	Street	La:
Last	First	Middle					
3a(1)	3a(1)	3a(1)	3a(2)	3a(3)	3a(4)	3b(1)	
White	Betty	E	5/5/1955	111111111	1111111	123 Robin Hwy Ave	
Yellow	Joseph	F	6/6/1965	222222222	2222222	123 Blackbird Rd	
Black	Polly	G	7/7/1970	333333333	3333333	123 Eagle St	

**es were Purchased**

**Missing distributee's namst-known address**

Last	First	City	State	Zip
3a(1)	3a(1)	3b(2)	3b(3)	3b(4)
White	Betty	City1	DE	42345
Yellow	Joseph	City2	WV	52345
Black	Polly	City3	DE	62345

Missing distributee's name				
Missing distributee's name		Accrued benefit information		Amended Filing Code
Last	First	Amount	If monthly, enter MB. If current value, enter CV	
3a(1)	3a(1)	3c	3c	4
White	Betty	\$35,000.00	CV	
Yellow	Joseph	\$150.00	MB	
Black	Polly	\$50.00	MB	



Case Name **ABC**

**Part I - Identifying 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
2a	2a	2a	2b	2c	2d(1)	2d(2)	2d(3)	2d(4)
White	James	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





Case Name

[Redacted Case Name]

							Part II - Amount Owe		
Missing distributee's name		Other name(s) ever used	Type of distributee	Prior payments (Yes or No)	Non-U.S. Source Income (Yes or No)	Employee contributions (Yes or No)	Amended filing code	Benefit transfer	Administrative fee (if applicable)
Last	First		(If Beneficiary, Include information in fields to the right)					amount @ BDD	
2a	2a	2e	2f	2g	2h	2i	2j	3	4
White	James		P	No	No	No		\$35,000.00	\$35.00
Yellow	Joseph		P	No	No	No		\$10,000.00	\$35.00
Black	Polly		B	No	No	No		\$150.00	\$0.00



Case Name

d to PBGC					Part III - Missing Participant Benefit Info							
Missing distributee's name		Late payment		Lump sum eligibility (Yes or No)	Normal retirement date	Monthly SLA @ BDD	Monthly Single Life Annu					
Last	First	Amount	Interest				Age 55	Age 56	Age 57	Age 58	Age 59	Age 60
2a	2a	5a	5b	6	7	8a	8b	8b	8b	8b	8b	8b
White	James	\$0.00	\$0.00	Yes	6/1/2020	\$318.00	\$175.00	\$192.50	\$210.00	\$227.50	\$245.00	\$262.50
Yellow	Joseph	\$0.00	\$0.00	No	7/1/2030	\$0.00	\$50.00	\$55.00	\$60.00	\$65.00	\$70.00	\$75.00
Black	Polly	\$0.00	\$0.00									



Case Name

Information							
Missing distributee's name		Annuity payable at various ages					
Last	First	Age 61	Age 62	Age 63	Age 64	Age 65	NRD (or accrual cessation date, if later)
2a	2a	8b	8b	8b	8b	8b	8b
White	James	\$280.00	\$297.50	\$315.00	\$332.50	\$350.00	\$350.00
Yellow	Joseph	\$80.00	\$85.00	\$90.00	\$95.00	\$100.00	\$100.00
Black	Polly						



**Removed via Amendment data - Attachment to Form MP-100**

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