Instructions for Using Excel Template

Review the Form MP-300 Instructions before entering data.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 bla

Case Number 12345600

Case Name ABC

	Part I - Financial Institution Information										
Company Name	Contact Name	me Contact Telephone Contact Email Street City					Zip				
2a	2b(1)	2b(2)	2b(3)	2c(1)	2c(2)	2c(3)	2c(4)				
Annuties-R-Us	Geraldine Williams	800-555-1111	g.williams@ARU.com	52 Bluebird Drive	Newark	NJ	07101				
Annuties-R-Us	Geraldine Williams	800-555-1111	g.williams@ARU.com	52 Bluebird Drive	Newark	NJ	07101				
Annuties-R-Us	Geraldine Williams	800-555-1111	g.williams@ARU.com	52 Bluebird Drive	Newark	NJ	07101				

					Part	t II - Individual Inform	nation	
Missin	g distributee's na	ame	Date of birth	Social security number	y Last-known address			
Last	First	Middle		(enter w-o dashes)	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	22222222	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
Amount	If monthly, enter MB. If current value, enter CV		Code
3c	3c	3d	4
\$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 dist	ributee'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	Е	5/5/1955	111111111	123 Robin Hwy Ave	City1
Yellow	Joseph	F	6/6/1965	22222222	123 Blackbird Rd	City2
Black	Polly	G	7/7/1970	33333333	123 Eagle St	City3

Additional information or attachment Required to describe this situation

ormat	ion							Part I
		Other name(s) ever used	Type of distributee	Prior payments	Non-U.S. Source	Employee contributions	Amended filing code	Benefit transfer
State	Zip		P if Participant B if Beneficiary	(Yes or No)	Income (Yes or No)	(Yes or No)		amount @ BDD
2d(3)	2d(4)	2e	2f	2g	2h	2i	2j	3
DE	42345		Р	No	No	No	•	\$35,000.00
WV	52345		Р	No	No	No		\$10,000.00
DE	62345		В	No	No	No		\$150.00

- Amount Owed to PBGC							Pa	art III - Mi	ssing Part	icipant B
Administrative fee	Late payment		Lump sum eligibility	Normal retirement	Monthly SLA @ BDD				ľ	Monthly Sir
(if applicable)	Amount	Interest	(Yes or No)	date		Age 55	Age 56	Age 57	Age 58	Age 59
4	5a	5b	6	7	8a	8b	8b	8b	8b	8b
\$35.00	\$0.00	\$0.00	Yes	6/1/2020	\$318.00	\$175.00	\$192.50	\$210.00	\$227.50	\$245.00
\$35.00	\$0.00	\$0.00	No	7/1/2030	\$0.00	\$50.00	\$55.00	\$60.00	\$65.00	\$70.00
\$0.00	\$0.00	\$0.00								

enefit Information									
ngle Life Ann	uity payabl	e at various	ages						
Age 60	Age 61	Age 62	Age 63	Age 64	Age 65	NRD (or accrual cessation date, if			
8b	8b	8b	8b	8b	8b	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

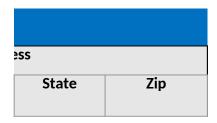
Case Number 12345600

Case Name ABC

Removed via Amendment							
			Last-known addre				
Distributee SSN	Distributee Name	Street	City				

123456789 A Smith 789 Main St City 1

ng information about which ite



VA 22151

ms may be left blank

Reason Removed	Amount Adjusted

Found and paid out \$ 500.00