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**	**Contact Telephone**	**Contact Email**	**Street**	**City**	**State**	**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

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Part II - Individual Information

Missing distributee's name			Date of birth	Social security number	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	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
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 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	

ıay be left blank

Additional information or attachment Required to describe this situation

ormation **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

I - Amount Owed to PBGC			Part III - Missing Participant B							
Administrative fee (if applicable)	Late payment Amount	Interest	Lump sum eligibility (Yes or No)	Normal retirement date	Monthly SLA @ BDD	Monthly Sir				
						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 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	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, includir

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

ıg information about which ite

ess	
State	**Zip**
VA	22151

ems may be left blank

Reason Removed	Amount Adjusted
Found and paid out	$ 500.00