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# Instructions for Using Excel Template

[Review the Form MP-400 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 400 Excel Attachment\_12345600" where "12345600" is the applicable case number of your plan.

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



## Schedule A individual data - Attachment to Form MP-400

See instructions for detailed information about data to be entered, including information about which items may be le

Case Number **12345600**

Case Name **ABC**

### Part I - Insurance Company Information

Company Name	Policy Number	Contact Name	Contact Telephone	Contact Email	Street	City
2a	2b	2c(1)	2c(2)	2c(3)	2d(1)	2d(2)
Annuitants-R-U	ABC123435	Geraldine Williams	800-555-1111	g.williams@ARU.com	52 Bluebird Drive	Newark
Annuitants-R-U	ABC123435	Geraldine Williams	800-555-1111	g.williams@ARU.com	52 Bluebird Drive	Newark
Annuitants-R-U	ABC123435	Geraldine Williams	800-555-1111	g.williams@ARU.com	52 Bluebird Drive	Newark

ft blank

Part II - Individuals for whom Annuity								
State	Zip	Missing distributee's name			Date of birth	Social security number (enter w-o dashes)	Certificate number	La:
2d(3)	2d(4)	Last	First	Middle	3a(2)	3a(3)	3a(4)	Street
		3a(1)	3a(1)	3a(1)				3b(1)
NJ	07101	White	Betty	E	5/5/1955	111111111	1111111	123 Robin Hwy Ave
NJ	07101	Yellow	Joseph	F	6/6/1965	222222222	2222222	123 Blackbird Rd
NJ	07101	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		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	



**Schedule B individual data - Attachment to Form MP-400**

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 - 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



**Schedule B ind**  
 See instructions f  
**Case Number**  
**Case Name**

Additional information  
 or attachment Required  
 to describe this situation

								Part II - Amount Ow	
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 amount @ BDD	Administrative fee (if applicable)
Last	First		P if Participant B if Beneficiary						
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



**Schedule B ind**  
 See instructions f  
**Case Number**  
**Case Name**

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red 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 Anr						
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	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										



**Schedule B ind**  
 See instructions f  
**Case Number**  
**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-400**

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