1)
2)
3)
4)
5)
6)

7)

Instructions for Using Excel Template

Review the Form MP-100 Instructions before entering data.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 applic number of your plan.

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

Schedule B Individua

COLOR CODE KEY

Additional information or attachment Required to describe this situation	V v Y b v E

TAB
Removed via Amendment

l 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.

e left blank

Part II - Individuals for whom Annuities were Purchased

Missing distributee's name			Date of birth	Social securit	Certificate nu	Last-known ac
Last	First	Middle		(enter w-o dashes)		Street
3a(1)	3a(1)	3a(1)	3a(2)	3a(3)	3a(4)	3b(1)
White	Betty	E	000-02-0214	111111111	001-11-1111	123 Robin Hw
Yellow	Joseph	F	000-02-3899	222222222	002-22-2222	123 Blackbird
Black	Polly	G	000-02-5756	333333333	003-33-3333	123 Eagle St

e left blank

Part II - Individuals for whom

Missing distributee's name		ldress				Accrued benefit information	
Last	First	City	State	Zip		Amount	If monthly, en
3a(1)	3a(1)	3b(2)	3b(3)	3b(4)		3c	3c
White	Betty	City1	DE		42345	$35,000.00	CV
Yellow	Joseph	City2	WV		52345	$150.00	MB
Black	Polly	City3	DE		62345	$50.00	MB

e left blank

Part II - Individuals for whom

Missing distributee's name		Amended Filin
Last	First	Code
3a(1)	3a(1)	4
White	Betty	
Yellow	Joseph	
Black	Polly	

Schedule B

Case Name ABC

Part I - Identifying Information

Missing distributee's name			Date of	Social Securit	Last-known address	
Last	First	Middle	Birth	(enter w-o das	Street	City
2a	2a	2a	2b	2c	2d(1)	2d(2)
White	James	E	5/5/1955	111-11-1111	123 Robin Hw	City1
Yellow	Joseph	F	6/6/1965	222-22-2222	123 Blackbird	City2

Schedule B

Case Name

Part I - Identifying Informatic

Missing distributee's name				Other name(s)	e of distribute	Prior payment
Last	First	State	Zip		eficiary, Include information	(Yes or No)
					2f	
2a	2a	2d(3)	2d(4)	2e		2g
White	James	DE	42345		P	No
Yellow	Joseph	WV	52345		P	No

Schedule B

Case Name

Part I - Identifying Informatic					Part II - Amount Owed to PB		
Missing distributee's name		Non-U.S. Sour	Employee con	Amended filin	Benefit transfe	Administrative	
Last	First	Income	(Yes c	(Yes or No)	code	amount @ BDD	
		2h		2i			
2a	2a				2j	3	4
White	James	No		No		35000	35
Yellow	Joseph	No		No		10000	35

Schedule B

Case Name

Part I - Identifying Informatio		GC			Part III - Missing Participant Benefit Inform		
Missing distributee's name		Late payment			Lump sum elig	Normal retire	Monthly SLA
Last	First	Amount	Interest		(Yes or No)	date	
2a	2a	5a	5b		6	7	8a
White	James	$0.00	$0.00		Yes	$43,983.00	318
Yellow	Joseph	$0.00	$0.00				

Case Name

Part I - Identifying Informatication

Missing distributee's name Monthly Single Life Annuity payable at various ages

Last	First	Age 55	Age 56	Age 57	Age 58	Age 59	
2a	2a	8b	8b	8b	8b	8b	
White	James	6/23/1900	192.5	210	227.5	245	
Yellow	Joseph						

Schedule B

Case Name

Part I - Identifying Informatic Information if Missing Dis

Missing distributee's name

Last	First	Age 60	Age 61	Age 62	Age 63	Age 64	
2a	2a	8b	8b	8b	8b	8b	
White	James	262.5	280	297.5	315	332.5	
Yellow	Joseph						

Schedule B

Case Name

Part I - Identifying Informatictributee is a Beneficiary (if ai

Missing distributee's name

Last	First	Age 65	NRD (or accrui	
2a	2a	8b	8b	
White	James	350	350	
Yellow	Joseph			

Removed via Amendment data - Attachment to Form MP-100

See instructions for detailed information about data to be entered, including informatior

Case Number 12345600

Case Name ABC

Removed via Amendment

Removed via Amendment

ı about which items may be left blank