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 informat
Case Number 12345600
Case Name ABC

Part I - Financial Institution Information

Company Nam	Contact Name	Contact Telep	Contact Email	Street	City	State
2a	2b(1)	2b(2)	2b(3)	2c(1)	2c(2)	2c(3)
Annuties-R-Us	Geraldine Will	800-555-1111	g.williams@A	52 Bluebird Dr	Newark	NJ
Annuties-R-Us	Geraldine Will	800-555-1111	g.williams@A	52 Bluebird Dr	Newark	NJ
Annuties-R-Us	Geraldine Will	800-555-1111	g.williams@A	52 Bluebird Dr	Newark	NJ

ion about which items may be left blank

	Part II - Individual Information					
Zip	Missing distributee's name			Date of birth	Social securit	Last-known ac
	Last	First	Middle		(enter w-o das	Street
2c(4)	3a(1)	3a(1)	3a(1)	3a(2)	3a(3)	3b(1)
07101	White	Betty	E	000-02-0214	111111111	123 Robin Hw
07101	Yellow	Joseph	F	000-02-3899	222222222	123 Blackbird
07101	Black	Polly	G	000-02-5756	333333333	123 Eagle St

ldress			Accrued benefit information		Account/Certi	Amended Filin
City	State	Zip	Amount	If monthly, enter MB.	If	Code
3b(2)	3b(3)	3b(4)	3c	3c	3d	4
City1	DE	42345	$35,000.00	CV	1111111	
City2	WV	52345	$150.00	MB	2222222	
City3	DE	62345	$50.00	MB	3333333	

Schedule B individual data - Attachment to Form MP-300
See instructions for detailed information about data to be entered, including informat
Case Number 12345600
Case Name ABC

Part I - Identifying Information

Missing distributee's name			Date of birth	Social Security	Last-known address	
Last	First	Middle			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
Black	Polly	G	7/7/1970	333-33-3333	123 Eagle St	City3

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			Other name(s)	Type of distrib	Prior payment	Non-U.S. Sour	Employee con
State	Zip		P if Participant B if Beneficiary	(Yes or No)	Income	(Yes c	(Yes or No)
					2h		2i
2d(3)	2d(4)	2e	2f	2g			
DE		42345	P	No	No		No
WV		52345	P	No	No		No
DE		62345	B	No	No		No

	Part II - Amount Owed to PBGC				Part III - Missing Participant I	
Amended filin	Benefit transf	Administrative	Late payment		Lump sum elig	Normal retire
	amount @ BD	(if applicable)	Amount	Interest	(Yes or No)	date
2j	3	4	5a	5b	6	7
	35000	35	$0.00	$0.00	Yes	$43,983.00
	10000	35	$0.00	$0.00	No	$47,665.00
	150	0	$0.00	$0.00		

Benefit Information

Monthly SLA Monthly Single Life Annuity payable at various ages

	Age 55	Age 56	Age 57	Age 58	Age 59	Age 60	
8a	8b	8b	8b	8b	8b	8b	
318	6/23/1900	192.5	210	227.5	245	262.5	
0	2/18/1900	55	60	65	70	75	

Age 61	Age 62	Age 63	Age 64	Age 65	NRD (or accru
8b	8b	8b	8b	8b	8b
280	297.5	315	332.5	350	350
80	85	90	95	100	100

Removed via Amendment data - Attachment to Form MP-300

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

Case Number 12345600

Case Name

Removed via Amendment

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