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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

Schedule A individual data - Attachment to Form MP-400

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

Case Number 12345600

Case Name ABC

Part I - Insurance Company Information

Company Name	Policy Number	Contact Name	Contact Telep	Contact Email	Street	City
2a	2b	2c(1)	2c(2)	2c(3)	2d(1)	2d(2)
Annuties-R-U	ABC123435	Geraldine Will	800-555-1111	g.williams@A	52 Bluebird Dr	Newark
Annuties-R-U	ABC123435	Geraldine Will	800-555-1111	g.williams@A	52 Bluebird Dr	Newark
Annuties-R-U	ABC123435	Geraldine Will	800-555-1111	g.williams@A	52 Bluebird Dr	Newark

Schedule A

ion about which items may be left blank

Part II - Individuals for whom Annuities were Purchased

State	Zip	Missing distributee's name			Date of birth	Social security (enter w-o dashes)
		Last	First	Middle		
2d(3)	2d(4)	3a(1)	3a(1)	3a(1)	3a(2)	3a(3)
NJ	07101	White	Betty	E	000-02-0214	111111111
NJ	07101	Yellow	Joseph	F	000-02-3899	222222222
NJ	07101	Black	Polly	G	000-02-5756	333333333

Schedule A

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Part II - Individuals for whom

Missing distributee's name		Certificate nu	Last-known address			State	Zip
Last	First	ishes)	Street	City			
3a(1)	3a(1)	3a(4)	3b(1)	3b(2)	3b(3)	3b(4)	
White	Betty	001-11-1111	123 Robin Hw	City1	DE		42345
Yellow	Joseph	002-22-2222	123 Blackbird	City2	WV		52345
Black	Polly	003-33-3333	123 Eagle St	City3	DE		62345

Schedule A

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Part II - Individuals for whom

Missing distributee's name		Accrued benefit information		Amended Filin
Last	First	Amount	If monthly, en	Code
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

Schedule B individual data - Attachment to Form MP-400

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	Date of birth	Social Security	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

Schedule B

Schedule B inc

See instructionion about which items may be left blank

Case Number

Case Name

Part I - Identifying Informatic

Missing distributee's name Other name(s) Type of distrib Prior payment

Last	First	State	Zip		P if Participant B if Beneficiar	(Yes or No)
2a	2a	2d(3)	2d(4)	2e	2f	2g
White	James	DE	42345		P	No
Yellow	Joseph	WV	52345		P	No
Black	Polly	DE	62345		B	No

Schedule B

Schedule B inc
 See instructor
 Case Number
 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 transf Administrative

Last	First	Income (Yes o	(Yes or No)	code	amount @ BD (if applicable)	
2a	2a	2h	2i	2j	3	4
White	James	No	No		35000	35
Yellow	Joseph	No	No		10000	35
Black	Polly	No	No		150	0

Schedule B

Schedule B inc
See instructor
Case Number
Case Name

Part I - Identifying Information
Missing distributee's name Late payment

Part III - Missing Participant Benefit Information
Lump sum eligible 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	No		\$47,665.00	0
Black	Polly	\$0.00	\$0.00				

Schedule B

Schedule B inc
See instructor
Case Number
Case Name

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Part I - Identifying Information

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	2/18/1900	55	60	65	70
Black	Polly					

Schedule B

Schedule B inc
See instructor
Case Number
Case Name

Part I - Identifying Informatic
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		75	80	85	90	95
Black	Polly						

Schedule B

Schedule B inc
See instructor
Case Number
Case Name

Part I - Identifying Informatic
Missing distributee's name

Last	First	Age 65	NRD (or accru:	
2a	2a	8b	8b	
White	James		350	350
Yellow	Joseph		100	100
Black	Polly			

Removed via Amendment

Removed via Amendment data - Attachment to Form MP-400

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

Case Number 12345600

Case Name ABC

Removed via Amendment

Last-known address

Distributee SSN	Distributee N	Street	City	State
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Removed via Amendment

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