**Plan Information for Defined Contribution Plans**

**Missing Participants Program**

Form MP-200
Approved OMB 1212-0069
Expires 1/31/2021

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**Part I — General Information**

1. **Plan Information**
   - a. Plan name
   - b. Employer identification number/plan number
   - c. 8-digit PBGC Case #
   - d. Plan contact
      - (1) Name
      - (2) Company
      - (3) Street address
      - (4) City
      - (5) State
      - (6) Zip
      - (7) Telephone
      - (8) Email
   - e. Is plan electing to be a transferring plan or a notifying plan? (check applicable box)
      - □ Transferring
      - □ Notifying

2. **Number of individuals reported in applicable attached schedules**
   - (1) Account $250 or less
   - (2) Account more than $250
   - (3) Total
   - (Notifying plans may omit breakdown)

3. **Amended filings only** - Did the original filing contain information on anyone who is no longer considered missing (i.e., has anyone been removed from the applicable Schedule B)? (Attachment required if “Yes”)
   - □ Yes
   - □ No

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**Part II — Additional Information for Transferring Plans**

4. **Benefit transfer date**

5. **Amounts owed to PBGC for missing distributees reported in this filing**
   - a. Aggregate account balances [sum of item 5 from all Schedules B]
   - b. Administrative fee [$35 x number reported in column (2) of item 2]
   - c. Total [item 5a + item 5b]

6. **Reconciliation (amended filings only)**
   - a. Amounts previously paid in conjunction with prior Forms MP-200 for this plan
   - b. Underpayment/(overpayment) [item 5c – item 6a]

7. **Payment method**
   - □ Pay.gov
   - □ Other electronic funds transfer
   - □ Paper check

8. **Default beneficiary provision** — Does the plan have a default beneficiary designation provision?
   - □ Yes
   - □ No

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**Part III — Certification**

9. **Certification** — The plan administrator or qualified termination administrator must sign and complete this item.
   
   I certify that to the best of my knowledge and belief that all the information in this filing is true, correct and complete and has been determined in accordance with PBGC’s Missing Participants regulations and instructions, including the diligent search requirements of 29 CFR § 4050.204.

   Name of person signing:  
   First name ___________________  
   Last name ___________________

   ______________________________
   Signature

   ______________________________
   Telephone

   ______________________________
   Date
### Part I — Plan/Financial Institution Information

#### 1 Plan information
- **Plan name**
- **Employer identification number/plan number**
- **8-digit PBGC Case #**

#### 2 Financial institution information
- **Financial institution name**
- **Contact information**
  - **Name**
  - **Telephone**
  - **Email**
- **Address**
  - **Street address**
  - **City**
  - **State**
  - **Zip**

### Part II — Individual Information

**Complete items 3-4 for each missing individual whose DC account was transferred to a financial institution that you are reporting to PBGC. Use additional schedules as needed.**

#### 3 Missing distributee information
- **Identifying information**
  - **Name (last, first, middle)**
  - **Date of birth**
  - **Social security number**
- **Address**
  - **Street address**
  - **City**
  - **State**
  - **Zip**
- **Account information**
  - **Account number**
  - **Account balance transferred**

#### 4 Amended filing code
- **If this is an amended filing, enter the applicable code to indicate whether information for this missing distributee has changed or is being reported for the first time (see instructions).**

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**Click here to add another Sch A**
4 Amended filing code — If this is an amended filing, enter the applicable code to indicate whether information for this missing distributee has changed or is being reported for the first time (see instructions).
This Schedule B is # _______ of __________ (insert total # of Schedules B included in this filing)

## Part I — Plan Information

1 Plan information
   a Plan name
      
   b Employer identification number/plan number _ _ - _ _ _ _ / _ _ _ _
   c 8-digit PBGC Case # _ _ _ _ _ _ _ _

## Part II — Individual Information

2 Missing distributee information
   a Name (last, first, middle) ___________________________________________________
   b Date of birth _ _ / _ _ / _ _ _ _
   c Social Security Number _ _ _ - _ _ _ _
   d Last-known address
      (1) Street address
      (2) City_____________________
      (3) State _____
      (4) Zip ______
   e Other name(s) ever used (if known) __________________________________________
   f Type of missing distributee  □ Participant  □ Beneficiary (if checked, see instructions re: required attachment)

## Part III — Transfer Amount

3 Portion attributable to pre-tax contributions
   
4 Portion attributable to post-tax contributions
   Contributions  Investment Earnings
   a Qualified Roth transfers
   b Non-qualified Roth transfers
   c Other

5 Total transfer amount
   
6 Amount of the total reported in item 5 that is attributable to non-US-source income
   
## Part IV— Miscellaneous Information

7 Non-qualified Roth transfer - If the transfer amount includes a non-qualified Roth transfer, enter the date the first Roth contribution was made. Complete only if amounts are reported in 4b
   _ _ / _ _ / _ _ _ _

8 Beneficiary Information Complete only if “Participant” is checked in item 2f
   a Do plan records contain a valid beneficiary election form? If yes, attach a copy of the form and complete items (b)-(d) with respect to the designated beneficiary. □ Yes □ No
   b Name ____________________________
   c Social Security number _ _ _ - _ _ _ _
   d Relationship ____________________________

9 Amended filing code — If this is an amended filing, enter the applicable code to indicate whether information for this missing distributee has changed or is being reported for the first time (see instructions).
   _______