



Missing Participants Program Plan Information for Small Professional Service DB Plans

Form MP-300
Approved OMB 1212-0069
Expires 1/31/2021

Amended Filing

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 ____ - ____ - ____ ext _____ (8) email _____

e Is plan electing to be a transferring plan or a notifying plan? (*check applicable box*) Transferring Notifying

| | (1) | (2) | (3) |
|--|---|---|-------|
| 2 Number of Missing Distributees <i>(Notifying plans may omit breakdown)</i> | Benefit transfer amounts \$250 or less | Benefit transfer amounts more than \$250 | Total |
| | _____ | _____ | _____ |

3 Benefit determination date (BDD) _____

4 Commercial locator service(s) used (if any) _____

5 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

Part II — Additional Information for Transferring Plans

6 Amounts owed to PBGC for missing distributees reported in this filing

a Aggregate benefit transfer amount as of BDD [sum of item 3 from all Schedules B] _____

b Administrative fee [\$35 x number reported in column (2) of item 2] _____

c Aggregate late payment charge [sum of item 5b from all Schedules B] _____

d Total [item 6a + item 6b + item 6c] _____

7 Reconciliation (amended filings only)

a Amounts previously paid in conjunction with prior Forms MP-300 for this plan _____

b Underpayment/(overpayment) [item 6d – item 7a] _____

8 Payment method Pay.gov Other electronic funds transfer Paper check

Part III — Plan Administrator Certification

9 Certification of plan administrator – The plan 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 § 4050.304.

Name of person signing: First name _____ Last name _____

_____ email _____ Telephone _____

_____ Signature _____ Date _____



Individual Information - Notifying Plans

Schedule A
(Form MP-300)
Approved OMB 1212-0069
Expires 1/31/2021

This Schedule A is # _____ of _____ (insert total # of Schedules A included in this filing)

Part I — Plan/Financial Institution Information

1 Plan sponsor information

a Plan name _____
b Employer identification number/plan number __ - ____ / ____ c 8-digit PBGC Case # _____

2 Financial institution information

a Financial institution name _____
b Financial institution contact information
(1) Name _____ (2) Telephone ____ - ____ - ____ (3) email _____
c Financial institution address
(1) Street address _____
(2) City _____ (3) State ____ (4) Zip _____ -

Part II — Individual Information

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

3 Missing distributee information

a Identifying information
(1) Name (last, first, middle) _____ (2) Date of birth _____
(3) Social security number ____ - ____ - ____
b Last-known address
(1) Street address _____
(2) City _____ (3) State ____ (4) Zip _____ -
c Accrued benefit (enter amount and check applicable box) _____ Monthly benefit Current value
d Account/certificate number _____

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). _____

3 Missing distributee information

a Identifying information
(1) Name (last, first, middle) _____ (2) Date of birth _____
(3) Social security number ____ - ____ - ____
b Last-known address
(1) Street address _____
(2) City _____ (3) State ____ (4) Zip _____ -
c Accrued benefit (enter amount and check applicable box) _____ Monthly benefit Current value
d Account/certificate number _____

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). _____



Individual Information – Transferring Plans

Schedule B
 (Form MP-300)
 Approved OMB 1212-0069
 Expires 1/31/2021

This Schedule B is # _____ of _____ (insert total # of Schedules B included in this filing)

Part I – Identifying Information

1 Plan information

a Plan name _____

b Employer identification number/plan number _____ / _____ c 8-digit PBGC Case # _____

d Benefit determination date (BDD) per Form MP-300 _____

2 Missing distributee identifying information

a Missing distributee's 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 *(See instructions re: required attachment)*

g Has missing distributee received any benefit payments from this plan? *(Attachment required if "Yes")* Yes No

h Is any portion of the benefit attributable to employee contributions? *(Attachment required if "Yes")* Yes No

i 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)*. _____

Part II – Amount owed to PBGC

3 Benefit transfer amount as of benefit determination date (BDD) _____

4 Administrative fee *(if item 3 > \$250, enter \$35, otherwise enter \$0)* _____

5 Late payment charge

a Late payment *(Portion of item 3 transferred, or to be transferred, more than 90 days after BDD)* _____

b Interest owed on late payment *(If item 5a is \$0, enter \$0; otherwise, see instructions)* _____

Part III – Missing Participant Benefit Information

Complete this part only if "Participant" was checked in item 2f, "no" was checked in item 2g, and amount in item 3 exceeds \$5,000

6 Lump sum eligibility – Was participant eligible to elect a lump sum? Yes No

7 Normal retirement date* _____

8 Annuity information

a Monthly straight life annuity payable starting at Benefit Determination Date
Complete this item only if the participant is over age 55 and eligible to commence benefits at the BDD and has not yet reached Normal Retirement Age. _____

b Monthly straight life annuity payable that the participant is entitled to assuming payments commence at each applicable age below. Enter N/A for ages/dates: (a) after the participant's NRD*; (b) before the participant would have been eligible to commence benefits had the plan not terminated; or (c) before BDD.

| | | | |
|----------|----------|----------|------------|
| 55 _____ | 58 _____ | 61 _____ | 64 _____ |
| 56 _____ | 59 _____ | 62 _____ | 65 _____ |
| 57 _____ | 60 _____ | 63 _____ | NRD* _____ |

*Or if later, the date benefit accruals ceased.