

DRAFT

ATTACHMENT A

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Annuity Purchase Information

Complete Attachment A (or submit the required information on a separate page) and attach to Schedule MP if the plan purchased irrevocable commitments from an insurer for one or more missing participants. If any missing participant's annuity certificate number is not available, report it to the PBGC when it becomes available. If irrevocable commitments were purchased from more than one insurer, please complete a separate sheet for each insurer.

Plan Name \_\_\_\_\_ PBGC Case No. \_\_\_\_\_

Check here if you previously filed an Attachment A for this plan \_\_\_

Insurance Company Information

Name of insurer \_\_\_\_\_ (Name must be the full official name of record)

Address of insurer \_\_\_\_\_

Insurance company contact name \_\_\_\_\_ Phone No. \_\_\_\_\_

Policy number \_\_\_\_\_

List of Annuitized Missing Participants

	<u>Name</u>	<u>Social Security No.</u>	<u>Date of Birth</u>
1.	Missing Participant _____ Spouse or other beneficiary _____ Certificate Number _____	_____	__/__/__
2.	Missing Participant _____ Spouse or other beneficiary _____ Certificate Number _____	_____	__/__/__
3.	Missing Participant _____ Spouse or other beneficiary _____ Certificate Number _____	_____	__/__/__
4.	Missing Participant _____ Spouse or other beneficiary _____ Certificate Number _____	_____	__/__/__
5.	Missing Participant _____ Spouse or other beneficiary _____ Certificate Number _____	_____	__/__/__

(Continue on a separate page, if necessary, and identify plan name, PBGC case no. and insurer at the top of the page.)