QUALIFIED RETIREMENT PLAN TAKEOVER INFORMATION REQUEST

In addition to the questions concerning the ownership of the company, the persons who are important, and other info needed to help a new client, we ask for completion of the following form:

Name of Firm: ______________________________

Address: ______________________________

Phone: ____________________ Fax: ____________________

Person to contact for Information: ____________________ Email: ____________________

All of the following should be returned with this form. Check those attached:

- ☐ Copy of Plan Document and Trust Agreement with all amendments
- ☐ Copy of Summary Plan Description (SPD)
- ☐ Copy of IRS qualification letter and any subsequent correspondence
- ☐ Copy of letter(s) requesting I.R.S. determination
- ☐ Trust, Trustee or Fiduciary Federal Tax ID# -
- ☐ Copy of IRS Form 5300/5301 and 5302 Application for Determination
- ☐ Copy of IRS Form 5500 with all related Schedules (last 2 years)
- ☐ If a Defined Benefit plan, copy of all prior actuarial reports (or last 3 prior years)
- ☐ Copy of Trustee Financial Reports
- ☐ Plan valuation reports reflecting Participant Account values
- ☐ If insurance is in Plan, detailed listing of each policy including copy of face page and cash value table for each policy
- ☐ Complete listing of all current employees (last census sent to prior TPA)
- ☐ Copy of ERISA Fidelity Bond: Dollar amount of bond currently in effect $ __________

Are any other businesses owned by this Company or Stockholders of this Company?

☐ Yes ☐ No (If "yes", please give details in Comments)

- ☐ Copy of EFAST forms and id's (if applicable)
- ☐ Copy of any settlement agreement with IRS
- ☐ Copy of beneficiary designations (If prior TPA kept these records a new beneficiary form will need to completed)

Comments/Notes

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