## QUALIFIED RETIREMENT PLAN TAKEOVER CHECKLIST

Plan Name:	
Plan Year End:	
Please provide the following information for the Plan Year En	d indicated above:
☐ 1. Confidential Employer Information	
☐ 2. Related Employer Information (if applicable)	
☐ 3. Confidential Employee Census	
☐ 4. Copy of Adoption Agreement	
☐ 5. Copy of Plan and Trust Document	
☐ 6. Copy of all Amendments (if dated after the Adoption	Agreement)
☐ 7. Copy of Summary Plan Description	
☐ 8. Copy of prior IRS Form 5500 (-CR, -EZ), including s	schedules and attachments
<ul> <li>9. Copy of prior year Plan Valuation Reports (eligibility non-discrimination testing, etc.)</li> </ul>	, allocations, account balances, vesting,
☐ 10. Copy of current investment statements	
☐ 11. Is there currently or has there ever been any pending the Plan?	g or actual litigation against one of the fiduciaries of  Yes No If yes, attach explanation.
☐ 12. Is the Plan currently under audit or investigation by	the IRS or DOL?  ☐ Yes ☐ No If yes, attach explanation.
The above information is requested to conduct a suitability r time and expenses may be required over those proposed base	±
Comments:	