

The Pension Specialists, Ltd.
Qualified Plan/Takeover Checklist

Plan Name: _____

We will not begin processing until requested information has been received.

Type of Plan:

- | | | |
|---|--|--|
| <input type="checkbox"/> Profit Sharing | <input type="checkbox"/> Target benefit | <input type="checkbox"/> 401(k) Profit Sharing |
| <input type="checkbox"/> Money Purchase | <input type="checkbox"/> Age-weighted Profit Sharing | <input type="checkbox"/> Defined Benefit |
| <input type="checkbox"/> Simple IRA | <input type="checkbox"/> Other _____ | |

Current year census information for ALL employees:

- | | | |
|---|---|--|
| <input type="checkbox"/> Employee Name | <input type="checkbox"/> Birth Date/Sex | <input type="checkbox"/> Hire Date |
| <input type="checkbox"/> Title/Position | <input type="checkbox"/> Work Status | <input type="checkbox"/> Annual Compensation |
| <input type="checkbox"/> Termination Date | <input type="checkbox"/> Owner % | <input type="checkbox"/> Annual Hours Worked |

Listing of all employee:

- Stockholders Employee Officers Family member's that are employed by the company.

Current year:

- Receipts Disbursements Contributions (Dates & Amounts) Insurance Cash Value
 Copy of Fiduciary Bond

Employer Identification Number: _____

Trust Identification Number: _____ (to be assigned, if new)

Business Code (4 digit): _____

Takeover Checklist

- | | |
|--|---|
| <input type="checkbox"/> Prior Trust Document | <input type="checkbox"/> Adoption Agreement |
| <input type="checkbox"/> Determination Letter | <input type="checkbox"/> Amendments |
| <input type="checkbox"/> Prior year financial statements | <input type="checkbox"/> Prior year valuation including |
| <input type="checkbox"/> Participant account balances by source of contributions | |
| <input type="checkbox"/> Participant distributions for 5 preceding years | |
| <input type="checkbox"/> Participant vesting | |
| <input type="checkbox"/> Government Forms (most recent 5500-C to prior plan year): | |
| <input type="checkbox"/> 5500, 5500-C, 5500-R | <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule P <input type="checkbox"/> Schedule SSA |

Comments for future processing:

