

Items Necessary for Plan Takeover

A. Please send us copies of the items marked below:

This information is required for our records to properly take over administration on a current plan. We are happy to answer questions or provide clarification on any of the requested items.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Current Census Data (form enclosed), including:
Name
Date of Birth
Date of Hire
Hours Worked During the Current Plan Year (estimated for year end)
Current Annual Salary
Current Deferral Percentage
Date of Termination (if applicable) | <input checked="" type="checkbox"/> Previous Year's Census Data
(year-end report is acceptable) |
| | <input checked="" type="checkbox"/> Previous 2 Years' Trust Accounting |
| | <input checked="" type="checkbox"/> Previous 2 Years of 5500 EZ/C/R filing
with all attachments, including:
Schedule P
Schedule A (when applicable) |
| <input checked="" type="checkbox"/> Copy of E.R.I.S.A. Bond | <input checked="" type="checkbox"/> Outstanding Loan Balances
(if applicable) |
| <input type="checkbox"/> Enclosed form SS-4 Signed (please mail this to us) | |
| <input checked="" type="checkbox"/> Current Valuation of Assets
(most recent Plan Statement or Trust Summary) | <input checked="" type="checkbox"/> Current Plan Document
(with related amendments, if any) |
| <input checked="" type="checkbox"/> Name, Address & Contact Name of Prior TPA | <input checked="" type="checkbox"/> Summary Plan Description |

B. Mark the boxes below and return this page to Innovative Pension:

Please contact your former TPA and discuss which items they will complete.		
	prior TPA will complete	Innovative Pension should complete
file form 5500 for prior year	<input type="checkbox"/>	<input type="checkbox"/>
file form 5500 for current year	<input type="checkbox"/>	<input type="checkbox"/>
trust accounting for current year	<input type="checkbox"/>	<input type="checkbox"/>
trust accounting for prior year	<input type="checkbox"/>	<input type="checkbox"/>
distributions for terminated participants that have been initiated but not yet completec	<input type="checkbox"/>	<input type="checkbox"/>
file 1099-R for participants who received distributions	<input type="checkbox"/>	<input type="checkbox"/>

Approved by: (Client Initials) _____