



INFORMATION CHECKLIST

Completed by: _____ Date: _____

Depending on the answers below, additional information may be requested.

1. Have there been any changes to the following:

- | | | | |
|---------------------------|--------------------------|---------------------------|-------|
| Business Name: | <input type="radio"/> No | <input type="radio"/> Yes | _____ |
| Business Address: | <input type="radio"/> No | <input type="radio"/> Yes | _____ |
| Mailing Address: | <input type="radio"/> No | <input type="radio"/> Yes | _____ |
| Phone number: | <input type="radio"/> No | <input type="radio"/> Yes | _____ |
| Fax number: | <input type="radio"/> No | <input type="radio"/> Yes | _____ |
| Email: | <input type="radio"/> No | <input type="radio"/> Yes | _____ |
| Fiscal Year End: | <input type="radio"/> No | <input type="radio"/> Yes | _____ |
| Plan Attorney: | <input type="radio"/> No | <input type="radio"/> Yes | _____ |
| Accountant: | <input type="radio"/> No | <input type="radio"/> Yes | _____ |
| Auditor or other advisor: | <input type="radio"/> No | <input type="radio"/> Yes | _____ |
| Plan trustee: | <input type="radio"/> No | <input type="radio"/> Yes | _____ |

2. Have there been any changes in business entity/tax election?

No Yes If yes, please explain: _____

3. Have there been any changes in owners / officers/ partners or shareholders?

No Yes If yes, please explain: _____

4. Has the plan sponsor adopted any new qualified plans?

No Yes If yes, please explain: _____

5. Did any owner, partner or shareholder or the spouse of an owner, partner or shareholder of the employer obtain ownership in any other business not covered by this plan(s)?

No Yes If yes, please explain: _____

6. Did the plan sponsor become part of a controlled group of corporations or an affiliated service group?

No Yes Don't Know

7. Were any amendments adopted for the plan that were not prepared by IAI?

No Yes If yes, please provide a copy of the signed amendment if you have not already done so.

8. Was the plan covered by a Fidelity Bond? For bonding information, please see the [Bonding Requirements memo](#) on our website.

No Yes (Please fill in information below and **include a copy of the bond or policy.**)

If yes, name of bonding company: _____

Amount of bond for the 2018 plan year: \$ _____

Was any loss incurred during the plan year? No Yes, amount of loss: \$ _____



INFORMATION CHECKLIST (concluded)

9. Were there any new participant loans in the 2018 plan year?
 No Yes *(Please provide the new loan amortization schedule)*
10. Were all loan repayments made timely?
 No Yes N/A
11. Do you have any participants whose benefits are subject to a QDRO or other court order?
 No Yes *(Please provide a copy of the QDRO)*
12. Do you have any participants who left employment for military service or who returned to employment from military leave in the 2018 plan year?
 No Yes
13. Do you have any leased employees in the 2018 plan year?
 No Yes

The following items are for defined contribution plans only

14. Does your plan have a Safe Harbor contribution or match?
 No Yes If yes, please provide a copy of the two most recent Safe Harbor Notices that were distributed to participants and any related documentation if you have not already done so. If you have any questions about Safe Harbor provisions, please give us a call.
15. If your plan allows for the self-direction of assets, please answer the following questions:
Have you provided the necessary fee disclosure information to all participants? No Yes
Is this plan intended to meet the conditions of ERISA Section 404(c)? No Yes
16. If your plan has a discretionary profit sharing feature, please select one of the following:
 There will be no Discretionary Profit Sharing Contribution for this plan year.
 We have already determined the contribution amount and the Annual Administrative Report should reflect a contribution of \$_____.
 We want IAI to determine the maximum allowable contribution and advise us. Once we decide how much will be contributed, we will advise IAI and the Annual Administrative Report can be completed.
 Other_____.
17. Were all salary deferrals deposited within 7 business days?
 No/Don't Know *(Please complete [the 401\(k\) Deposit Summary](#))* Yes