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:	☐ No	☐ Yes	_____
Business Address:	☐ No	☐ Yes	_____
Mailing Address:	☐ No	☐ Yes	_____
Phone number:	☐ No	☐ Yes	_____
Fax number:	☐ No	☐ Yes	_____
Email:	☐ No	☐ Yes	_____
Fiscal Year End:	☐ No	☐ Yes	_____
Plan Attorney:	☐ No	☐ Yes	_____
Accountant:	☐ No	☐ Yes	_____
Auditor or other advisor:	☐ No	☐ Yes	_____
Plan trustee:	☐ No	☐ Yes	_____

2. What is your business entity/tax election?

☐ Sole Proprietorship ☐ Partnership ☐ S Corporation ☐ C Corporation
☐ Professional Service Corporation ☐ LLC ☐ Other _____

If LLC, taxed as: ☐ Sole Proprietorship ☐ Partnership ☐ S Corporation ☐ C Corporation

3. Have there been any changes in owners/officers/partners or shareholders (including marriage or divorce)?

☐ 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 the plan?

☐ 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 2025 plan year: $_____

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

INFORMATION CHECKLIST (continued)

9. Were there any new participant loans in the 2025 plan year?
   ☐ No ☐ Yes (*Please provide the new loan amortization schedule*)

10. Were all loan repayments made timely?
    ☐ No ☐ Yes ☐ N/A

11. Did 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. Did you have any participants who left employment for military service or who returned to employment from military leave in the 2025 plan year?
    ☐ No ☐ Yes

13. Did you have any leased employees in the 2025 plan year?
    ☐ No ☐ Yes

14. Did you have any part-time employees in the 2025 plan year?
    ☐ No ☐ Yes

The following items are for defined contribution plans only

15. Does your plan have a 401(k) safe harbor contribution or match?
    ☐ No ☐ Yes If you have any questions about safe harbor provisions, please give us a call.

16. 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

17. 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_____.

18. Were all salary deferrals, and loan payments, if applicable, deposited within 7 business days?
    ☐ No ☐ Yes ☐ Don't Know