

**Plan Review Worksheet**

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Name of Plan \_\_\_\_\_

Name of Contact(s) \_\_\_\_\_

Telephone: (Office) \_\_\_\_\_ (Fax) \_\_\_\_\_

Type of Plan(s)  
check those that apply

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Profit Sharing (PSP)   | <input type="checkbox"/> PSP/MP combination    | <input type="checkbox"/> Defined Benefit |
| <input type="checkbox"/> Money Purchase (MP)    | <input type="checkbox"/> Profit Sharing/401(k) | <input type="checkbox"/> SEP or SIMPLE   |
| <input type="checkbox"/> Other (describe) _____ |  |  |

Is the employer part of: a controlled group?  Yes  No an affiliated service group?  Yes  No

Who are the current providers?

CPA \_\_\_\_\_

Attorney \_\_\_\_\_

Third Party Plan Administrator \_\_\_\_\_

Investment Advisor \_\_\_\_\_

Number of co. locations: \_\_\_\_\_ What city or state? \_\_\_\_\_

Number of employees: \_\_\_\_\_ Number of participants: \_\_\_\_\_

Total plan assets: \_\_\_\_\_ Previous year contribution: \_\_\_\_\_

Is the payroll processed:  Internally  Externally (payroll service): \_\_\_\_\_

Describe the benefit or allocation formula: \_\_\_\_\_

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- |  |  |
|--|--|
| Does the plan include company stock? <input type="checkbox"/> Yes <input type="checkbox"/> No      | Is the stock publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| Is the stock an elective deferral option? <input type="checkbox"/> Yes <input type="checkbox"/> No | Used in a matching contribution? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Are there any frozen assets? <input type="checkbox"/> Yes <input type="checkbox"/> No              | Are there any after-tax accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Has the original purpose of installing the plan changed and if so, how? \_\_\_\_\_

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When was the last review of the plan design? \_\_\_\_\_

How would you evaluate the results of any communication efforts directed to the employees?  
\_\_\_\_\_  
\_\_\_\_\_

How would you evaluate your current provider's effort in communication with the employer?  
\_\_\_\_\_  
\_\_\_\_\_

What is the most positive factor about the current provider(s)?  
\_\_\_\_\_  
\_\_\_\_\_

What type of problems are you having with the current service provider(s)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you evaluate the value received from your provider relative to the fees charged?

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Describe any problems with meeting non-discrimination testing requirements:

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If you could make changes or enhancements to your plan, what would they be?

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How are the plan assets currently allocated?

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Describe the written investment policy:

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Are you satisfied with the projected level of retirement benefits to key employees?

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Can we evaluate your business continuation plan from a retirement plan perspective?

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When was your business continuation plan last reviewed? \_\_\_\_\_

What was the result of this review?

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What type of business related life insurance coverage do the key employees have?

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**Plan review checklist:**

1. Current Summary Plan Description
2. Current Adoption Agreement
3. Most recent 5500 form
4. Description of investment options (if participant directed)
5. Investment Policy Statement

**Action required as a result of this meeting**

Describe:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_