PPA Restatement Checklist

Below is the information we will need to restate your plan document.

Basic Client Information:	
Company Na	ame:
Contact:	Phone:
Address:	
Fiscal Yeare	nd: Plan Yearend:
Type of Entit	ty: C-Corp S-Corp Partnership Sole Proprietor
	☐ LLC (taxed as ☐ Corp ☐ Partnership) ☐ Other:
Plan Name:	
Are you interested in specific changes? No Yes Specify:	
Do you have an active defined benefit plan? \square No \square Yes (we may need more information)	
Documentation:	
	Most Recent Adoption Agreement
	Master Plan Document
	Trust Document
	All Amendments since adoption of plan document above
	IRS Determination or Opinion Letter
	Loan Policy, if applicable
	Most recent Yearend Administration Report