

RETIREMENT PLAN ADMINISTRATIVE SERVICE, LTD.
INFORMATION FOR TAKEOVER OF EXISTING PLAN

EMPLOYER DATA	COMPANY NAME:		
	STREET ADDRESS:		
	CITY:	STATE:	ZIP:
	PRIMARY CONTACT: EMAIL:	PHONE NO: FAX NO:	
	NATURE OF BUSINESS:	EIN:	FISCAL YEAR END:
	TYPE OF ORGANIZATION: <i>Sole Proprietorship</i>		If Other:
	STATE IN WHICH INCORPORATED:		DATE OF INCORPORATION:

SHAREHOLDERS/ OFFICERS/DIRECTORS	NAME	OWNERSHIP %	TITLE	X IF DIRECTOR

TAKEOVER PLAN INFORMATION	NAME OF PLAN:		
	TYPE OF PLAN: <i>Defined Benefit</i> If Other:		
	TYPE OF PLAN DOCUMENT: <i>Standardized Prototype</i> Prototype Sponsored By:		
	ORIGINAL EFFECTIVE DATE OF PLAN:		
	EFFECTIVE DATE OF MOST RECENT AMENDMENT/RESTATEMENT:		
	PLAN TRUSTEE(S):		
	PLAN YEAR END:	DESIRED FREQUENCY OF VALUATION(S): <i>Annually</i>	
	DOES THE TRUST CONTAIN LIFE INSURANCE POLICIES: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, type of product:		
	DOES THE PLAN ALLOW PARTICIPANT DIRECTION OF INVESTMENTS: <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, Number of funds offered: INVESTMENT COMPANY/ALLIANCE:		
	IF YES, ARE THE INVESTMENT FUNDS <input type="checkbox"/> Pooled or <input type="checkbox"/> Individually allocated to participants?		

RELATED PLAN DATA	List all other qualified plans, including terminated and Keogh (HR-10) plans, which are not maintained by RPAS:

EMPLOYEE CHARACTERISTICS	Are any employees LEASED from a leasing business or other business entity? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If YES, please furnish complete details as to number of leased employees, type of work performed and hours worked:
	Are any employees members of a collective bargaining unit? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, are these employees participating in a separate Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Specify number of non-union and union employees at Plan Year End: Non-Union Union
	Are the services of any employees SHARED with another business or person? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please furnish details:
Identify all Highly Compensated <u>Employees</u> with family ties and specify relationship (spouses, parent/child, grandparent/grandchild):	
RELATED BUSINESS ENTITIES	Do owners of this business have an ownership interest in any other corporation, partnership, or sole proprietorship? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please furnish details, including ownership percentages:
	Is this business affiliated with any other business entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please furnish details as to type of business and ownership interests:
DOCUMENTATION REQUIRED	<input type="checkbox"/> CURRENT PLAN DOCUMENT INCLUDING ALL AMENDMENTS
	<input type="checkbox"/> CURRENT ADOPTION AGREEMENT (if applicable)
	<input type="checkbox"/> MOST RECENT LETTER OF DETERMINATION FROM IRS (if applicable)
	<input type="checkbox"/> SUMMARY PLAN DESCRIPTION, INCLUDING ALL MODIFICATIONS
	<input type="checkbox"/> Form 5500 and all attached Schedules for 3 most recent Plan years Please list Plan years provided:
	<input type="checkbox"/> VALUATION REPORT FOR PRIOR PLAN YEAR END
	<input type="checkbox"/> TRUST FINANCIAL STATEMENTS FOR PRIOR PLAN YEAR END
	<input type="checkbox"/> LIFE INSURANCE CASH VALUE STATEMENTS (if applicable)
	<input type="checkbox"/> THE SURETY COMPANY WHICH UNDERWRITES THE FIDUCIARY BOND:
	<input type="checkbox"/> AMOUNT OF COVERAGE: COPY OF FACE PAGE ATTACHED? <input type="checkbox"/> Yes <input type="checkbox"/> No
NOTES:	

Prepared by: (Employee of Company)

Signature

Name

Title

Date