



PBS

Professional Benefit Services, Inc.

Takeover Document Checklist

HOME OFFICE

1193 Royvonne Ave. S.E. #22, Salem, Oregon, 97302

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Email: documents@profben.com / Website: www.profben.com

1. PLAN TYPE

Safe Harbor 401(k)

Traditional 401(k) Plan

Profit Share Only

403b

If not safe harbor will a match or profit share be made?

Yes

No

Will owners be participating?

Yes

No

2. EMPLOYER INFORMATION

A. Legal Name:

Street Address:

City:

State:

Zip Code:

County:

Phone Number:

Fax Number:

Employer Identification Number:

Payroll Cycle?

weekly

biweekly

bimonthly

monthly

other:

B. Who owns the business (list ownership percentages):

Do they or their spouse own other businesses?

Yes

No

If so, list owners and ownership percentages for other businesses:

Please attach a separate sheet if necessary.

C. Business Type:

S-corporation

Sole Proprietorship

Non-Profit Organization

Partnership

* Government organizations
cannot sponsor a 401(k) plan

C-corp

LLC

LLP

PC

Business type that your taxed as:

What is the nature of the business (type of business):

(Business code from corporate tax forms):

Number of Employees:

Fiscal Year End:

/

Date of Incorporation or date business began:

/

/

Month

Day

Month

Day

Year

D. List any other retirement plans here:

Name and contact information of prior TPA firm:

3. OTHER INFORMATION

Agent Name: Email:

Company:

Office Phone:

Investment company name: (where assets will be invested)

Trustee Name(s) , phone number, and email addresses:

Day-to-day Contact Person phone number and email address:

What is the first plan year that PBS will be responsible for testing and 5500 preparation?

4. NEXT STEPS

- Please email the following items to us (all at once please):
- 1. Current Retirement Plan Documents and amendments
 - 2. Most recent annual compliance testing (prepared by your prior TPA)
 - 3. Signed TPA change letter on your letterhead
 - 4. Year to date investment activity through date of transfer (if also changing investment companies)

I have enclosed all of these items.

I have enclosed the signed TPA change letter. Please request the documents and compliance testing from the prior TPA. Please work with my prior investment company to get the investment information you need. I understand this may slow down the transfer process, that my prior TPA may charge me, and that I may need to directly request activity reports from the prior investment company (if changing investment companies).

5. EMPLOYER/ PLAN SPONSOR AUTHORIZATION

By signature, the following hereby approves the preparation of the retirement plan document stated herein and authorizes the preparation of all Plan Documents, Schedules, and other forms that are required and necessary. It is further understood there is a fee for the preparation and filing of said documents, forms, and schedules. Payment of fees are hereby authorized upon delivery to Employer / Sponsor of the prepared documents and itemized billing. *In addition, it is understood that changes to this information after the documents are prepared will result in additional fees.*

Authorized Employer / Sponsor Representative:

Print Name:

➤ Signature:

and signed this day of