U.S. Department of Labor

Employee Benefits Security Administration



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ct:		Date:
Case Na	ame:	
Address	5 :	By Investigator/Auditor:
		Approved By:
		Status
EIN/PN:		
	<pre>II. Background Type of Financial Institution:</pre>	
	Type of Financial Institution: As of / /: No. of ERISA Client Plans: Period Covered by Investigation: / / to /	
	Other:	
	III. Areas Examined	
	Scope of Fid. Respon Pooled InvestProxy Voting Real EstateCash Management InsuranceStocks & Bonds Other InvestmentsEquity Investments Commercial SideFixed Income Investments Other:	s Cash Bonding Rptg. & Discl.
		Filings es laints/Litigation cedures & Guidelines curities List

B. Plan Records	ama amanta	Dillin	g Invoices
<pre> Financial Institution A Correspondence Files Financial Insurance</pre>	greements	Partic Plan/T: Asset	ipant Records rust Documents
Other:			
V. Interviews Conducted (Supplemental Supplemental Supple		ration for each	n interview conducted
FI Officials Plan Trustee Other:	Plan Spons Plan Admir	sor nistrator	
VI Issues Identified & Resolution	tion (Provide a b	rief descriptio	on of the issues

VI. Issues Identified & Resolution (Provide a brief description of the issues identified and the facts showing that the allegations/issues were not violations. .)