Report of Investigation

U.S. Department of Labor

Employee Benefits Security Administration

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Subject:	**Date:**
Case Name:	
Address:	**By Investigator/Auditor:**
	Approved By:
	Status
EIN/PN:	

I. Predication (State the reason for the case opening and for conducting an investigation.)

II. Background

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Type of Financial Institution:  _____
As of   / / :  No. of ERISA Client Plans: __   Managed Assets: __
Period Covered by Investigation:   / /   to / /
Other:  _____
```

III. Areas Examined

```
__Scope of Fid. Respon      __ Pooled Investments __ Annuities
__Proxy Voting              __ Real Estate        __ Fees/Commissions
__Cash Management           __ Insurance          __ Rebates
__Stocks & Bonds            __ Other Investments  __ Cash
__Equity Investments        __ Commercial Side    __ Bonding
__Fixed Income Investments     Transactions       __ Rptg.& Disclosure
Other:_____
     _____
```

IV. Records Reviewed (For each item checked, supporting documentation obtained during the investigation should be retained in the case file.)

A. Financial Institution Records

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__ ERISA Client List             __ Regulatory Filings
__ Organizational Chart          __ Fee Schedules
__ Officers/Directors List       __ Financial
__ Internal Audits               __ Client Complaints/Litigation
__ Investment Performance        __ Written Procedures & Guidelines
__ Marketing Materials           __ Approved Securities List
__ Trust/Inv. Committee Minutes  __ Master Securities List
__ Asset Valuations              __ Investments Contracts
Other:
     _____
     _____
```

B. Plan Records

__ Financial Institution Agreements	__ Billing Invoices
__ Correspondence Files	__ Participant Records
__ Financial	__ Plan/Trust Documents
__ Insurance	__ Asset Holdings
__ Transaction Ledgers	__ Investment Contracts
__ Confirm Slips/Order Tickets	

Other:
_____
_____

V. Interviews Conducted (Supporting documentation for each interview conducted should be retained in the case file.)

__FI Officials	__ Plan Sponsor	__ Attorney
__Plan Trustee	__ Plan Administrator	__ Accountant

Other:
_____
_____

VI. Issues Identified & Resolution (Provide a brief description of the issues identified and the facts showing that the allegations/issues were not violations. In cases where violations are found, cite the facts showing that VC was achieved, including monetary results, if any, or that other dispositive action was taken.)

VII. Civil Penalties

Assessed: ___Yes   Amount   502(l):_____

        ___No   Why not   502(i):_____

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