

Missing Participant Checklist

Complete for each step and retain a completed copy in plan file

Step	Date Completed	Completed By	Description/Notes:	Located (Y/N)
1. Use Certified Mail. Send notice via certified mail. DOL model notice attached.			Attach receipt and/or returned envelope and letter.	
2. Other related records. Check other plans and employer records for more current contact information.			Itemize records reviewed and document outcome.	
3. Check with Designated Plan Beneficiary. Identify and contact any individual designated as the missing participant's beneficiary to find updated contact information.			Outline your findings and outcome of attempts to contact.	
4. Use Free Electronic Search Tools. Use free online services: search engines, public record databases, and social media.			Attach screenshots of search results.	

Missing Participant Checklist

Complete for each step and retain a completed copy in plan file

Step	Date Completed	Completed By	Description/Notes:	Located (Y/N)
<p>5. Determine Whether Additional Steps Are Appropriate. Consider additional steps in light of account balance and cost of additional search efforts.</p>			<ul style="list-style-type: none"> • Account Balance: • Cost of search to date: • Cost of additional search: • Take additional steps? Y / N • If yes, describe additional steps and outcome: 	
<p>6. Distribution, Step 1. Select distribution method.</p>			<p>Select distribution method:</p> <ol style="list-style-type: none"> 1) Rollover IRA (DOL-preferred method) 2) Interest-bearing fiduciary insured bank account 3) Escheat to the state 	
<p>7. Distribution, Step 2. Process distribution based on the selected method.</p>			<p>Provide details of the steps for the selected approach and actions taken (e.g. provider, fund information, attach schedule of fees if any, provide dates transferred to provider or sate unclaimed property fund).</p>	

Missing Participant Checklist

Complete for each step and retain a completed copy in plan file

DOL Model Notice of Plan Termination

Source: <http://www.dol.gov/ebsa/AppC-ModelNotice-AbPlan.doc>

[Date of notice]

[Name and last known address of plan participant or beneficiary]

Re: [Name of plan]

Dear [Name of plan participant or beneficiary]:

This is to inform you that the [name of plan] (Plan) has been terminated and we are in the process of winding it up.

We have determined that you have an interest in the Plan, either as a plan participant or beneficiary. Your account balance on [date] is/was [account balance]. We will be distributing this money as permitted under the terms of the Plan and federal regulations. *{If applicable, insert the following sentence: The actual amount of your distribution may be more or less than the amount stated in this notice depending on investment gains or losses and the administrative cost of terminating your plan and distributing your benefits.*

Your distribution options under the Plan are *{add a description of the Plan's distribution options}*. It is very important that you elect one of these forms of distribution and inform us of your election. The process for informing us of this election is *{enter a description of the election process}*.

If you do not make an election within 30 days from your receipt of this notice, your account balance will be transferred directly to an individual retirement plan (inherited individual retirement plan in the case of a nonspouse beneficiary). *{If the name of the provider of the individual retirement plan is known, include the following sentence: The name of the provider of the individual retirement plan is [name, address, and phone number of the individual retirement plan provider].}* Pursuant to federal law, your money in the individual retirement plan would then be invested in an investment product designed to preserve principal and provide a reasonable rate of return and liquidity. *{If fee information is known, include the following sentence: Should your money be transferred into an individual retirement plan, [name of the financial institution] charges the following fees for its services: {add a statement of fees, if any, that will be paid from the participant or beneficiary's individual retirement plan }.}*

For more information about the termination, your account balance, or distribution options, please contact [name, address, and telephone number of the plan administrator or other appropriate contact person].

Sincerely,

[Name of plan administrator or appropriate designee]

pensions@firstallied.com web: www.firstalliedretirement.com blog: www.farsupdate.com twitter: [@farsupdate](https://twitter.com/farsupdate)