

[Date]

[Plan Administrator Name]

[Plan Name]

[Address]

[City, State, Zip]

Dear [Name of Plan Administrator],

Re: Audit of [Master Trust Name] and Participating Employee Benefit Plans

This letter confirms our understanding of the terms and objectives of our engagement and the nature and limitations of the services we will provide for the Master Trust and its associated employee benefit plans for the year ended [Date].

1. Scope of Audit

We will audit the financial statements of the [Master Trust Name], which comprise the statement of net assets available for benefits as of [Date], and the related statement of changes in net assets available for benefits for the year then ended. Our audit will also include testing of the allocations of net assets and investment income to the participating plans: [Plan A Name], [Plan B Name], and [Plan C Name].

2. Auditor Responsibilities

The objective of our audit is the expression of an opinion as to whether the financial statements are presented fairly, in all material respects, in accordance with U.S. generally accepted accounting principles (GAAP). We will conduct our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and Department of Labor (DOL) requirements.

3. Management Responsibilities

Management is responsible for:

- The preparation and fair presentation of the financial statements in accordance with GAAP.
- The design, implementation, and maintenance of internal control relevant to the Master Trust.
- Ensuring that the Master Trust's transactions and investments comply with ERISA requirements.
- Providing us with access to all financial records, related documentation, and personnel.

4. Procedures and Limitations

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. Due to the inherent limitations of an audit, there is an unavoidable risk that some material misstatements may not be detected, even though the audit is properly planned and performed.

5. Reporting

At the conclusion of our audit, we will issue a written report addressed to the Plan Administrator and Trustees. We will also provide any required communications regarding significant deficiencies or material weaknesses in internal control identified during the audit.

6. Fees

Our fees for these services will be [Amount/Hourly Rates], plus out-of-pocket expenses. This fee estimate is based on the assumption that unexpected circumstances will not be encountered during the audit.

Please sign and return the attached copy of this letter to indicate your acknowledgment of, and agreement with, the arrangements for our audit of the financial statements.

Sincerely,

[Your Firm Name]
[Partner Signature]

Acknowledged and Agreed:

For [Master Trust Name / Plan Administrator]:

Signature: _____

Title: _____

Date: _____