

[Date]

[TPA Contact Name]
[TPA Company Name]
[TPA Address]
[City, State, Zip Code]

Re: Audit Confirmation for [Employer/Plan Name]

Dear [TPA Contact Name],

In connection with the audit of the financial statements of the [Plan Name] for the period ending [Date], please provide our auditors, [Accounting Firm Name], with the following information regarding the plan assets and transactions administered by your organization:

1. Plan Assets: A detailed schedule of investments held, including cost and fair market value as of [Date].

2. Contributions: Total employee and employer contributions received and processed during the period from [Start Date] to [End Date].

3. Distributions: Total benefit payments, withdrawals, and distributions made to participants during the period.

4. Expenses: A summary of administrative fees, investment management fees, and other expenses charged to the plan.

5. Participant Data: Confirmation of the total number of active and inactive participants with account balances as of the period end.

6. Internal Controls: A copy of your most recent SOC 1, Type 2 report (Service Organization Controls) covering the audit period.

Please send the requested information directly to our auditors at the following address:

[Auditor Name]
[Accounting Firm Name]
[Auditor Email/Address]

Thank you for your prompt cooperation in this matter.

Sincerely,

[Signature]
[Name of Plan Administrator/Authorized Signatory]
[Title]