

PLAN INTERVIEW QUESTIONNAIRE



COMPANY PROFILE

Company Name: _____

Contact Name: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Phone Number: _____

Fax: _____

Email: _____

Website address: _____

Type of business: C Corp. Limited Liability Corp. Sole Proprietorship
 S Corp Tax Exempt Corp.
 Partnership Governmental

Employer Tax Identification Number: _____

Company Fiscal Year End: _____

Number of Employees: _____

Payroll schedule: Weekly Bi-weekly Semi-monthly Monthly

Is the Company a member of an affiliated service group? No Yes _____

Is the Company a member of a controlled group? No Yes _____

A CONTROLLED GROUP is a group of business entities that have certain forms of common ownership. This can include sole proprietorships, partnerships, LLCs and any other corporations, including S-Corporations. A series of tests must be completed to determine if a Controlled Group exists. Where any family members own stock, disclosure of ownership must be identified. When a Controlled Group exists, all employees of all entities are treated as employed by a single employer for plan qualification purposes. An **AFFILIATED SERVICE GROUP** consists of two or more related service or management organizations, whether or not incorporated. Employees of the members of the Affiliated Service Group are treated as employed by a single employer for plan qualification purposes.

COMPANY BENEFITS ADMINISTRATOR INFORMATION

Contact Name: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Phone Number: _____ Fax: _____

Email: _____

PLAN TRUSTEE 1 INFORMATION (REQUIRED)

Company Name: _____

Full Name: _____

Title: _____

Phone Number: _____ Email: _____

PLAN TRUSTEE 2 INFORMATION

Company Name: _____

Full Name: _____

Title: _____

Phone Number: _____ Email: _____

PLAN TRUSTEE 3 INFORMATION

Company Name: _____

Full Name: _____

Title: _____

Phone Number: _____ Email: _____

PLAN TRUSTEE 4 INFORMATION

Company Name: _____

Full Name: _____

Title: _____

Phone Number: _____ Email: _____

PLAN INFORMATION

Does your company currently sponsor another qualified plan? No Yes (If not currently, ever? No Yes)

Type of Existing Plan: Plan Number: _____ (i.e. 001, 002)

Name of Existing Plan: _____

Existing Plan Trust ID (TIN) _____

Type of Plan: _____

Allow Loans: _____

Allow Hardship Dist. _____

Testing Formula: _____

Total Plan Assets: _____

Employer Contributions: _____ (estimated annual)

Number of Participants: _____

Annual Payroll: _____

Employee Contributions: _____ (estimated annual)

Employee Demographics: Average Age _____ Average Tenure _____

Turnover Rate – Minimal Moderate High

Education Level:

High School _____ %

College _____ %

Advanced Degree _____ %

Languages Spoken:

English _____ %

Spanish _____ %

Other _____ %

Notes:

CURRENT PROVIDER INFORMATION

Company Name: _____

Contact Name: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Phone Number: _____

Fax: _____

Email: _____

Website address: _____

Current Recordkeeper: _____

Current Advisor/Broker: _____

Current Custodian: _____

CURRENT FEES

Plan Base Fee: _____

Plan Asset Fee: _____

Per Participant Fees: _____

1 to 50: _____

51 to 99: _____

100 and over: _____

Compliance Testing: _____

Additional Testing/Design
Consulting (e.g. new comp, etc.): _____

Plan Reporting (Form 5500): _____

Participant Statements: _____

Loan origination (per occurrence): _____

Loan maintenance (annual): _____

Distributions (per occurrence): _____

Brokerage account (annual): _____

Notes: _____

PLAN CONCERNS & OBJECTIVES

What issues are most important to you as a Plan Sponsor. Rank your level of concern for the following on a scale of 1 to 4. (1 = Low 4 = High)

| | 1 | 2 | 3 | 4 |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Fiduciary Risk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plan Expenses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Participation & Education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plan Investments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

What objectives are most important to you as a Plan Sponsor. Rank your level of interest for the following on a scale of 1 to 4. (1 = Low 4 = High)

| | 1 | 2 | 3 | 4 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Maximize current tax deduction for business | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provide incentive to employees to contribute on their own behalf | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wealth accumulation for majority owner(s). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employer Contribution flexibility. (channel a higher % to specific groups of employees). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Give employer moneys to ONLY those who contribute on their own behalf | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Minimize the amount of Employer contributions to rank & file employees | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Increase the level of participation in the Employee Elective portion of the plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

An Investment Policy Statement (IPS) can be an important toll in managing your fiduciary responsibility and providing ongoing oversight for the Plan's investment menu.

Does your Plan have an IPS? [] No [] Yes

If yes, when was it last reviewed? _____

What objectives are most important to you in regards ti investments? Rank your level of interest for the following on a scale of 1 to 4. (1 = Low 4 = High)

| | 1 | 2 | 3 | 4 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Allow for a broad range of well-known mutual funds. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use low expense ratio funds. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintain control of the investments of the Plan - do not allow participants to choose their own investments. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Allow participants to invest in actively managed accounts. (i.e. Conservative, Moderate, Aggressive Portfolios). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Allow participants to control the investments of his/her account. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Allow Brokerage Window availability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

REVIEW OF CURRENT SERVICES

Please indicate how you feel about your current retirement program as it relates to each of the following:

- 1 = Not at all Satisfied
- 2 = Needs Improvement
- 3 = Satisfied
- 4 = More than Satisfied
- 5 = Exceeding Expectations

| | 1 | 2 | 3 | 4 | 5 |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Overall Plan Design | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contribution Costs for Employees | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Administrative Costs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Appreciation of the Program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responsiveness of Plan Administrator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Communications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Number of Investment Options | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diversification of Investment Options | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Investment Performance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Investment Management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Investment Management Costs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Responsiveness of Investment Manager | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Information for Next Steps:

- Copy of most recent Plan Document, Adoption Agreement and any amendments (if applicable).
- Copy of most recent Summary Plan Description (SPD).
- Copy of most recent Form 5500 and all attachments.
- Copy of your Investment Policy Statement.
- Copy of most recent investment statement providing a detailed listing of the current investments including share class.