



Proposal Request

Company Name: _____

Contact Name: _____

Name of Existing Plan _____

Address: _____ City: _____ St: _____ Zip: _____

Phone #: _____ Fax #: _____

Email Address: _____

of Employees: _____ Participant's with account balances: _____

Current Fund Platform: _____ Current Assets: _____

Annual Flow: _____ Allow Loans: Y or N Allow Hardship Dist: Y or N

Current Wrap Fee: _____ bps Annual Participant Fee: \$ _____ Current Brokers Fee _____

Bundled or Unbundled 401(k) or 403(b)

Current TPA Fee: Wrap Fee _____ Flat Fee: _____ Participant Fee: _____

Your Name: _____

Firm Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone #: _____ Fax #: _____

Cell #: _____ Email Address: _____

RIA/IAR/Broker Dealer: _____ Rep #: _____

What do you want to see?

Your RIA/Broker comp: _____ bps Brokerage Window Option Y or N Money Manager Option Y or N

Co-fiduciary Services Y or N

If you're a TPA and your fee is to be billed to the plan, what is it? Wrap Fee: _____ Flat Fee _____ Part Fee: _____

1. If you would like a comparison of expenses on the current plan please provide current ticker symbols for each fund, the service agreement from the current third party administrator and a copy of the most recent contract from the platform carrier.
2. If you have a suggested fund line up, please include it along with ticker symbols otherwise we will use ours.

Please email to: Steve@Finwaygroup.com or Fax to: 515-226-9414 or call 866-955-401K ext. 102