

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:	<input type="checkbox"/> C Corp. <input type="checkbox"/> Limited Liability Corp. <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S Corp <input type="checkbox"/> Tax Exempt Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Governmental
Employer Tax Identification Number:	_____
Company Fiscal Year End:	_____
Number of Employees:	_____
Payroll schedule:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly
Is the Company a member of an affiliated service group?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
Is the Company a member of a controlled group?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
<p>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.</p>	

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.