

Full Retirement Services Questionnaire

Name of person submitting this proposal: _____

Employer/Practice name: _____

Phone: _____

Email address: _____

Mailing Address: _____

Plan type or features (check all that apply):

401(k)

matching contribution. Formula:

profit sharing plan

new comparability profit sharing plan

other: _____

If your plan is a safe harbor 401(k), which type:

Safe harbor match

Safe harbor core contribution (3% of pay)

New automatic enrollment safe harbor

Total number of employees: _____

Total number of participants with balance: _____

Total plan assets: _____

Investment types (please check all that apply):

Mutual funds

Separate accounts/variable annuities

Collective funds

Self-directed brokerage accounts

Other: _____

Current provider: _____

Current recordkeeper: _____

Payroll is processed:

in house

Payroll vendor

Other: _____

If you have any feedback or special goals for the plan, please describe here (improving participation, better service, improving fund lineup, reducing overall costs, maximizing pre-tax contributions for key employees, etc):

Please contact me for a discussion before the proposal is issued (check if applicable)

To whom should we address the proposal? (individual name or names, Retirement Plan Committee, etc):
