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About Your Company's Retirement Plan

About the Employer

Employer Name:

Name: Email:

Address:

Phone: Title:

Who is the ultimate decision maker?

Do the owners of this company have ownership interests in any other company?

◯ Yes ◯ No

Does the employer have more than one retirement plan?

◯ Yes ◯ No

Number of employees:

Do you have an advisor on your plan? If so, when was the last time he or she evaluated your plan? What process did he or she follow?

Is advisor a broker or consultant?

Do your employees value your retirement plan?

Does your retirement plan compliment your business objectives? If not, from your perspective what changes need to be made to achieve that goal?

What type of plan is it?

◯ Profit Sharing ◯ Defined Benefit ◯ Target Benefit ◯ SEP ◯ 401-k ◯ Other

What is the total value of the plan's assets? As of:

What amount is contributed to the plan each year?

From the employee contributions:

From employer matching contributions:

From employer profit-sharing contributions:

Who currently manages the assets in your plan?

How do you feel about your plan's performance?

◯ Above expectations ◯ Below expectations ◯ As expected

Additional comments on plan performance:

Have you had a fiduciary audit?

Are there any surrender charges? If yes, for participants or just on the plan assets?

◯ Yes ◯ On plan assets ◯ For participants ◯ No

Are you satisfied with the number and categories of investment choices?

◯ Yes ◯ No

If not , why?

◯ Too few choices ◯ Too many choices ◯ Selection not broad enough (.eg. style, size asset class)

Are you satisfied with the way participants are investing?

◯ Yes ◯ No

In selecting funds, what do you consider most important?

◯ A well-known brand name ◯ The fund manager ◯ A fund that minimizes fees

Do you feel investment knowledge of plan participants to be:

◯ Elementary ◯ Sophisticated ◯ In between

About Administration

How frequently are plan participants' accounts valued?

◯ Dailey ◯ Monthly ◯ Quarterly ◯ Other Please specify:

Who provides the plan's record keeping?

Who prepares:

Compliance forms: ◯ TPA ◯ Investment Provider

Participant tax forms: ◯ TPA ◯ Investment Provider

Plan Document and Summary Plan Description: ◯ TPA ◯ Investment Provider

Are you satisfied with you current plan administration? ◯ Yes ◯ No

What type of feedback do you receive from your participants? ◯ Positive ◯ Negative ◯ No feedback

Fees

What are the annual fees for? ◯ Record keeping ◯ Trusteeship

Are there any 12b-1 fees? If so, what are they?

Do you know what the average internal fund fee is?

Is there a total asset charge? If so, what is it?

How do you feel about the current participant communication program?

Do you believe participants are satisfied? Yes No

Can you identify any obvious or recurring problems? Yes No

If yes, what are they?

Criteria

Importance of each item from 1-5 (1 lowest, 5 highest)

Participant education/communication:

Timeliness of reports

Investment performance options

Simplified administration

Total cost of plan

Once you have completed this form, click the Submit by Email button below. A Retirement Plan adviser will follow up with you. Thank you in advance for allowing Arnoff and Associates to be of service.

Submit by Email