



Retirement Plan Evaluator

Please complete the applicable items and provide the information requested for a comprehensive and easy-to-understand analysis of your existing (or potential) company-sponsored retirement program.

Company Information

Company Name: _____
Type of Company: C Corp S Corp PC LLC Partnership Sole Proprietorship
Company Address: _____
Contact: _____ Phone # _____ Fax # _____ E-mail _____

Survey

Do you currently have a retirement plan? (if Yes, skip to Plan Data section below) **Yes No**

Which of the following would you consider as primary goals of a retirement plan?
(circle all that apply)

Tax Advantages *Maximizing Contributions For Owners* *Employee Retention*

What type of plan would you be interested in establishing? (circle all that apply)

401(k) *Profit Sharing* *Money Purchase Pension*

Would you be interested in meeting with ***** Financial Services to design a plan that would help you reach specific goals? **Yes No**

(If yes, please provide information requested on back to initiate The Retirement Plan Evaluator)

Existing Plan Data **Type of Plan:** Profit Sharing 401(k) Money Purchase Pension

What are the primary goals of your retirement plan? (circle all that apply)

Tax Advantages *Maximizing Contributions For Owners* *Employee Retention*

Is the current plan meeting these goals? **Yes No**

What is the dollar value of your existing plan assets? _____

Where are the assets held? _____

How many employees participate in the plan? _____

How many employees are eligible to participate _____

What is the approximate annual contribution to the plan _____ (over)

Existing Plan Data (continued)

Is your current plan Top Heavy (60% or more of total plan assets owned by key ees) **Yes** **No**

Do the employees direct their own investments in the plan **Yes** **No**

Do you have an Investment Policy Statement for your plan **Yes** **No**

Do your employees have Internet access to their accounts **Yes** **No**

Please rate each of the following items with respect to your current retirement plan by circling a number 1-5 (with 1 being the lowest and 5 being the highest degree of satisfaction).

1. Investment Options	<i>Degree of Satisfaction</i>				
Performance	1	2	3	4	5
Fund Choices	1	2	3	4	5
2. Technology Platform					
Ease of Access to Information	1	2	3	4	5
3. Ongoing Employer/Employee Education					
Internet Access	1	2	3	4	5
Face-to-Face Meetings	1	2	3	4	5
4. Communications					
Participant Statements	1	2	3	4	5
Plan Administration Newsletter	1	2	3	4	5
Plan Service Provider Website	1	2	3	4	5
5. Plan Administration Services Provider					
Responsiveness	1	2	3	4	5
Technical Expertise	1	2	3	4	5
Plan Design Assistance	1	2	3	4	5
Legislative Updates	1	2	3	4	5
Tax Advice	1	2	3	4	5

Requested Information

For a comprehensive and easy-to-understand analysis of your company-sponsored retirement program, please return your completed questionnaire and provide the following information in the enclosed self-addressed, postage-paid envelope.

- Census Data (with employee salary, date of hire, date of birth – *names and SSN not needed*)
- Summary Plan Description for Current Plan (existing plans only)
- Latest Form 5500 for Current Plan (existing plans only)
- Statement of Current Plan Investment Options with Identification of Share Class (A, B, or C)

Agent/Broker Information (if applicable):

Agent Name/Phone # _____ NASD Broker ID # _____

Designation _____ Producer ID # _____