### **EMPLOYER RETIREMENT PLAN SURVEY**

## **About the Company**

Plan Sponsor Name	
Legal Name (if different)	
Company Address	
Phone	
Email	
Company Address	
Title of person interviewed	
Who is the ultimate decision-maker?	
Current Business Advisor	
CPA/Auditor	
About the Business	
o Corporation	<ul> <li>Governmental</li> </ul>
o Partnership (LLC, LLP)	<ul> <li>Non-profit</li> </ul>
<ul> <li>Subchapter-S Corporation</li> </ul>	<ul><li>Other (specify</li></ul>
Business Entity Date	
State Business is Domiciled	
Business Fiscal Year o Calendar o Other	-Dates:
EIN	
Do Any Principals Own, Control or Manag	e any other Business? oYes oNo
(If Yes, Please Complete Controlled Group Number of W-2 Employees	o Questionnaire Form)
	ow many?
Part-Time Employees? oYesoNo If yes, ho	w many?
Payroll Provider/Frequency	

## **About the Owners, Officers, Directors and Family Members**

List all Principals/Shareholders (5% or greater ownership)

Names of Principals/Shareholders	Ownership %	Family Member
1.		
<u>2.</u> 3.		
3.		
4.		
Names of Family Members Related to Shareholders	Ownership %	Relationship
1.		
<u>2.</u> 3.		
3.		
4.		
Names of Corporate Officers/Directors	Title	Family Member
1.		
2.		
<u>2.</u> 3.		
4.		
bout the Plan Goals		
hat are the primary goals for your retirement plan (rar	nk in order, from	1-5)?

What are the primary goals for your retirement plan (rank in order, from 1-5)?
Attract and retain key employees. Provide an opportunity for employees to save for their own retirement. Maximize retirement benefits for owners and other key employees. Reduce your business/personal tax liability. Minimize business expenditures on the plan.
How much money are you willing to commit to the plan to achieve Plan goals? (Dollar amount or percentage of payroll)

### **About the Plan**

What type of plan do you have or like to have?

- Profit Sharing Only
- o 401(k)
- Safe Harbor 401(k)
- New Comparability/Cross Tested

- Defined Benefit
- o Prevailing Wage
- SEP/SIMPLE

# **About the Plan (continued)**

Plan Year End
What is the total value of the plan's assets (as of date)?
How many employees are eligible?
How many employees are participating?
How many participants have a balance in the plan?
What total amount is contributed to the plan each year?
Do you make employer contributions? Describe
What features does your retirement plan utilize to target contributions to key employees?
Are you, as an employer, satisfied with the amount you and your key employees in relation to all employees can put into the plan? oYes oNo  Do you use auto-enrollment? oYes oNo  Does your plan offer deferral increase campaigns to encourage participants to save more for their retirement? oYes oNo
About the Plan's Performance and Investments
Name of Current Plan Advisor?
Who reviews and monitors your investments?
Does your Advisor recognize their Fiduciary Status to the plan in writing? oYes oNo How many investments are offered by the plan?
Do you have a Guaranteed/Stable Value Account? oYes oNo If so, does it have a Market Value Adjustment? oYes oNo Do you offer Target Date Funds? oYes oNo Does the plan offer a guaranteed retirement income option? oYes oNo
If no, would you be interested in one? oYes oNo  Does the plan offer individual self-directed brokerage accounts? oYes oNo  What is your current Default Investment Option?
How many participants are in the Default Investment Option?

About the Plan's Performance and Investments (continued)
How would you rate the investment knowledge of plan participants?  Elementary %  Average %  Sophisticated %
About the Plan Administration
Current Recordkeeping Platform Current TPA (if applicable) Are you satisfied with your current plan administration? oYes oNo
What fees do you directly pay (i.e. recordkeeping, trusteeship, compliance, document services)?
Do you consider the fees you pay to be reasonable? oYes oNo Do you have confidence in the guidance you are receiving from your service providers?  Explain:
How much time do you and your staff spend on operating your retirement plan?
Have you had issues with payroll contributions? oYes oNo Do you offer loans? oYes oNo Do you permit withdrawals for hardship? oYes oNo Do you have more than one location? oYes oNo If yes, will your data be remitted on the same date? oYes oNo
What is the employee contribution frequency?
About Communicating with Participants
Who is responsible for the education/communication program for participants and newly eligible employees? Who provides participant education?

About Communicating with Participants (continued)
Do you believe participants are satisfied with the communication and education they
receive? oYes oNo
Do you believe participants receive sufficient information to make sound investment decisions? oYes oNo
How frequently do participants receive statements?  o Monthly  o Quarterly  o Semi-annually  o Other (specify)
Can participants access account information by telephone? oYes oNo
Can participants access account information on-line? oYes oNo
About Client expectations
What are the strengths of your current provider?
If you could improve anything about your plan, what would that be?
Have you transferred from another provider before? If so, what went well during the conversion process and what could have been handled better?

## **Documents to Request:**

- 408(b)2 Disclosure Statement
- 404(a)5 Disclosure Statement
- Summary Plan Description and/or Adoption Agreement
- Current Valuation (Summary Report)
- Most Recent 5500
- Service Provider Contract(s)
- Employee Census

**Advisor:**