

401(k) Research Meeting Questionnaire

Please complete the following for each prospect:

Company Name: _____

Address: _____

Phone/fax/e-mail: _____

Your contact: _____ Decision Maker: _____

Type of Business:

Corporation Subchapter-S Partnership Non-profit Governmental

Other: _____

Is this business affiliated with any other business? No Yes: _____

Total number of employees: _____ % full time: _____ % part time: _____

Currently have 401(k) plan? No (**complete section below**) Yes (**complete section on reverse side**)

New Plan Prospects:

Please rate the following 401(k) program benefits according to importance. Using a scale of 1 (least important) to 4 (most important), circle one:

- 1 2 3 4 Keep benefit costs low and predictable?
- 1 2 3 4 Attract and retain quality employees?
- 1 2 3 4 Provide employees with an opportunity to save for their retirement on a tax-deferred basis?
- 1 2 3 4 Provide yourself with an opportunity to save for your retirement on a tax-deferred basis?
- 1 2 3 4 Take advantage of additional corporate tax deductions?

Please rate the following 401(k) program features according to importance. Using a scale of 1 (least important) to 4 (most important), circle one:

- 1 2 3 4 Investment diversity
- 1 2 3 4 Investment performance
- 1 2 3 4 Reasonable cost/fees
- 1 2 3 4 Plan design flexibility
- 1 2 3 4 Participant education and communication
- 1 2 3 4 Participant Services (VRU, Internet, etc.)

If interested in starting a 401(k) program, when would you like to start one? _____

Why haven't you already set up a 401(k) plan? Too expensive Too complex Not enough interest

Other: _____

TAKEOVER PLAN PROSPECTS

General

- 1) Are you completely satisfied with your plan? Yes No
If not why, what are primary comments/concerns? _____
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- 2) Have key/highly-compensated employees been restricted from time to time in the amount of money they are able to contribute? Yes No
- 3) If possible, would key employees be interested in discussing ways to maximize their annual contributions? Yes No
- 4) What are your current plan assets? \$ _____ Monthly Contributions \$ _____
- 5) Who is your current provider? _____

Investments

- 1) Do you have tool(s) and/or a process in place that provides for an ongoing evaluation and analysis of your investments choices? Yes No
- 2) How often is your investment menu reviewed? _____
- 3) How do you feel about the investments' performance? Above expectations As expected Below expectations
- 4) Are you satisfied with the number of investments categories? Yes No: (circle one) Too few Too many
- 5) Are you satisfied with the number of investment options? Yes No
- 6) What do you consider most important when selecting investment options? _____

Service/Administration

- 1) How do you feel about your provider's service and your plan's administration support? Above expectations As expected Below expectations
If "below expectations," please comment: _____
- 2) Is your current provider responsive to your issues/concerns? Yes No
- 3) Do you have a dedicated service account representative for your plan? Yes No

Employee Information/Education

- 1) What level of investment knowledge do your participants have? Beginner Intermediate Advance
- 2) Are you pleased with your participant education and communication program? Yes No
- 3) Total Employees: _____ Total Employee's Contributing: _____
- 4) Does your provider conduct regular on-site enrollment/re-enrollment meetings? Yes No
How often? _____

Expenses

- 1) How much is your annual recordkeeping fee? \$ _____
- 2) How much is your annual participant fee? \$ _____
- 3) Are there any extra fees? No Yes, for: _____
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- 4) Do you believe you are paying a fair price for the value of the actual services and benefits you receive? Yes No