

(Your Company Name and Logo Here)

Retirement Plan Pre-Meeting Questionnaire

Company Name: _____ Contact Name and Title: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Office Phone: _____ Company website: _____

Eligible Employees: _____ Plan Participants: _____

I. Business Questions:

1. What are your primary questions or concerns with your existing plan or provider?

2. If you were to consider changing your plan of provider, what factors would top your list of priorities?

II. Plan Related Questions:

1. Are you satisfied with the following components of your plan?

a. Plan Administration	Yes	No	d. Fees	Yes	No
b. Investment Options	Yes	No	e. Record Keeping	Yes	No
c. Employee Education and Communication	Yes	No	f. Fund Performance	Yes	No
			g. Customer Service	Yes	No

2. How would you rate your advisor? (1 being lowest and 4 being the highest) 1 2 3 4

3. Other comments

Your company name, address, telephone # and email address goes here.

Your website URL goes here

Fax To: (XXX) XXX-XXXX