

Request For Proposal – RFP



Plan Name _____

Plan Sponsor Name: _____

Date Proposal Required: _____ # Copies Needed _____

Primary Contact for Questions _____

Phone or Cell _____ Email _____

CURRENT PLAN INFORMATION

Total Current Plan Participants (with accounts) _____ \$Value _____

Total Eligible Participants _____

Terminated Participants with Balances _____ \$Value _____

Self Directed Brokerage Accounts _____ \$Value _____

Current Plan Design:

401(k) Deferrals _____ Automatic Enrollment _____

Roth Option _____ Auto Enrollment Safe Harbor _____

Safe Harbor 3% _____

Safe Harbor Matching _____ Other Retirement Plans*

Discretionary Profit Sharing _____ Money Purchase Plan _____

Social Security Integration _____ Cash Balance Pension _____

Cross Tested Contribution _____ Traditional DB _____

Unusual Plan Provisions _____ *More information enclosed

Current Service Providers

Recordkeeping and Custody _____

TPA Reporting and Compliance _____

Plan Level Investment Consulting/Advice _____

Participant Education _____

Participant Advice _____

Plan Trustee(s) _____

Current Payroll Provider _____

Plan Sponsor Objectives – The proposal should respond to the following priorities of the Plan Sponsor (ranked 1 for first, to 8 for lowest)

- ___ Low Cost Investment Alternatives
- ___ Top Performing Investment Alternatives
- ___ Minimize Fiduciary Liability Risk to Plan Sponsor
- ___ Low Total Cost Payments from Plan Participant Accounts
- ___ Participant Education Service
- ___ Transparent Fees – Full Disclosure
- ___ Maximize Pre Tax Retirement Plan Contributions for Principals
- ___ (Other) _____

Top Ten Current Investment Options as of _____

_____	_____	\$ _____
Name of Fund	Tkr Symbol	Balance
_____	_____	\$ _____
Name of Fund	Tkr Symbol	Balance
_____	_____	\$ _____
Name of Fund	Tkr Symbol	Balance
_____	_____	\$ _____
Name of Fund	Tkr Symbol	Balance
_____	_____	\$ _____
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Name of Fund	Tkr Symbol	Balance
_____	_____	\$ _____
Name of Fund	Tkr Symbol	Balance
_____	_____	\$ _____
Name of Fund	Tkr Symbol	Balance

*******PROPOSAL SHOULD INCLUDE*******

Proposed Fund Performance Data

Provide the following for each recommended fund for each of the past 8 calendar quarters.

1. Net annualized return for 6 months
2. Net annualized return for 12 months
3. Net annualized return for 36 months

If available, provide a benchmarking comparison for each period showing each fund's benchmarked performance against:

1. Investment Style Peer Groups (Morningstar Peer Groups)
2. Appropriate Investment Style Index

Proposed Fund Cost Information

1. List the current operating expense ratio for each recommended fund.
2. Detail the amount of any commissions or 12(b) -1 fees paid.
3. Describe the amount of any other compensation paid as Expense Reimbursements or Revenue Sharing Payments.
4. Provide details of any requirements to include any specific fund or funds.
5. Provide details of any conflict of interest that may affect the fund recommendations for our plan.

Fiduciary Governance

Do you accept Fiduciary Responsibility to our Plan in writing?

How do you protect the Plan Sponsor and its management from fiduciary liability?

Do you provide participant level service as:

- a. Registered Investment Advisor?
- b. PPA Investment Fiduciary?
- c. Registered Representative (FA)?
- d. Education Service Provider?

What guarantee or warranty do you offer that covers:

- a. ERISA 404 (c) compliance?
- b. ERISA Fiduciary Liability protection?

Does your service agreement and your fee process currently comply with each of the provisions of ERISA Section 408(b)(2)?

General Information

Please describe any particularly important differentiators of your proposed service to our plan.

What services do you provide to maintain the quality of our plan investment menu?

Plan Sponsor

Name

Date

Please base your proposal on the attached employee census

Plan Sponsor Census Data

-----Contribution Objective-----

Name or Code	Birth Date	Hire Date	Annual Compensation	M A X	Moderate Employer Contribution	Minimum Employer Contribution