Defined Contribution Client Checklist

Company: ____

Contact: ____

Phone: ____________________

Fax: ____________________

E-mail:____________________

Address: ___________________________________

____

____

____

Consultant: ____

Phone: ____________________

Fax: ____________________

E-mail:____________________

Address: ___________________________________

____

____

____

I. Business Information

Type of Business:

□ Corporation □ Partnership □ Sole Proprietorship □ S Corporation

□ Other (please specify)____

Is the business part of a controlled group? □ Yes □ No

Is the business part of an affiliated service group? □ Yes □ No

Does the business use any leased employees? □ Yes □ No

II. Plan Specifics

Total number of employees: ________ Total number of eligible employees: _______

Total number of participating employees: ________

This is: □ a new plan. □ an amendment to an existing plan.

Is there another plan currently in place? □ Yes □ No (go to Part III)

If yes, type of plan (check all those that apply):

□ 401(K) □ Profit Sharing □ Money Purchase □ Defined Benefit

□ ESOP □ Other (please specify) ____________________________________

Plan Name: ____

Plan Assets: _________________________as of date: __________

Plan Year-End: __________________ Original Effective Date: ___________________

□ Collectively Bargained □ Hourly □ Salaried

Other Plans: ____

Current Recordkeeper: ____

On-line with Recordkeeper: □ Yes □ No Frequency of Account Valuations: ________

Current Trustee (name of trust company or self-trusteed): ___________________________

III. Payroll

Payroll Vendor: ____

Number of Payroll Locations:__________ Frequency of Payroll: ____________________

Transmission Mode: □ Tape □ Disk □ Hardcopy

□ Other (please specify) ____________________________________

IV. Services Requested

□ Bundled □ Unbundled

- □ Recordkeeping & Administration
- □ Trust & Custody
- □ Investment Management
- □ Employee Communications

Why considering a change? ____

____

____

____

Objectives of a change: ____

____

____

____

Proposed Conversion Date? ____

V. Contributions

Frequency: ________ Estimated Annual Contributions: $__________________________

Contribution Types: □ Employee Salary Deferrals □ Profit Sharing

□ Employer Match: Formula ___________________

□ Employee After-Tax □ Employee roll-over

Method of Transmission to Trustee: ____

Frequency of Transmission to Trustee: ____

Vesting Schedule (if any, explain): ____

____

____

____

VI. Distributions (In Service or Termination)

Types: □ Hardship □ Other In-Services □ Lump Sum

□ Annuities □ Installment

Frequency of Processing: ______________ Estimated Annual Withdrawals: $ ______________

Turnaround Time for Checks:____

How are Distributions Currently Being Administered? __________________________________

____

____

____

VII. Loans

Will Loans be Offered? □ Yes □ No

Loans Available to all Participants? □ Yes □ No

Value of Outstanding Loans: $________________

Frequency of Processing: ______________ Turnaround Time for Checks:__________________

Estimated Annual Loans: ______________

How are loans currently being administered?____

____

____

____

VIII. Investment Program

404(c): □ Formally Adopted □ Internally Adopted □ Not Considered

Investment Policy Statement: Last updated ____________

Includes:
- □ 404(c) Compliance
- □ Asset Class Criteria
- □ Securities Guidelines
- □ Investment Options Due Diligence
- □ Control Procedures to Review Expenses
- □ Performance Measurement Criteria

Investment Options Due Diligence on File: □ Yes □ No

Quarterly Performance Reports on Investment Options: □ Yes □ No

IX. Investment Changes / Transfers

□ Daily □ Monthly □ Quarterly □ Other (specify)______________________________

Frequency of Deferral Rate Change? ____

Frequency of Investment Transfers? ____

Current Investment Name:	Current Provider	Current Balance	Cash Flow (est)
____________________	__________________	_________________	_________________
____________________	__________________	_________________	_________________
____________________	__________________	_________________	_________________
____________________	__________________	_________________	_________________
____________________	__________________	_________________	_________________
____________________	__________________	_________________	_________________
____________________	__________________	_________________	_________________
____________________	__________________	_________________	_________________

Are there any existing plan assets that are not liquid (e.g., company stock, outside GICs, etc.)

Please specify:____

____

____

Are all investments participant-directed? ____

____

____

Are you considering changing the investment options? □ Yes □ No

Do you prefer: □ Mutual Funds □ Separate Vehicles □ Commingled Vehicles

Investment to be added: ____

____

____

____

Investment to be deleted: ____

____

____

____

X. Company Stock (if applicable)

Publicly Traded on Open Market	□ Yes	□ No
Widely Traded	□ Yes	□ No
Are Voting Rights Passed Through to Participants?	□ Yes	□ No
If ESOP, does it meet 404(c) Requirements?	□ Yes	□ No
Is Plan a Leveraged ESOP?	□ Yes	□ No
Proxy Solicitation Required?	□ Yes	□ No

Preferred Accounting Treatment (unit or share) ____

Exchange Traded on ____

XI. Administration

	Currently have?		Would like to have?	
800 Number Currently in Use	□ Yes	□ No	□ Yes	□ No
Voice Response – Inquiry Only	□ Yes	□ No	□ Yes	□ No
Voice Response – Transactional	□ Yes	□ No	□ Yes	□ No
Human Operators	□ Yes	□ No	□ Yes	□ No
Website	□ Yes	□ No	□ Yes	□ No

	Currently provided?	
IRS Form 1099-R	□ Yes	□ No
Financial Information for 5500	□ Yes	□ No
5500 Preparation	□ Yes	□ No
401(K) and 401(m) Nondiscrimination Testing	□ Yes	□ No
Year-end Compliance Testing	□ Yes	□ No

Plan Sponsor Capabilities:

On-line capabilities	□ Yes	□ No
On-line transactions	□ Yes	□ No
Ad hoc reporting	□ Yes	□ No

XII. Participant Communications

Statement Frequency: □ Quarterly □ Monthly □ Other: __________

Describe Current Communications Support: ____

____

____

____

____

____

Additional Communications Desired:

□ Enrollment Materials □ Employee Meetings □ Investment Performance

□ Training Seminars (Plan Sponsor) □ Other: ____________________________

XIII. Other Issues

Are you aware of any major changes that will be going on in the company (such as spin-offs, reorganizations)? ____

____

____

____

Other special considerations that need to be considered: ______________________________

____

____

____

XIV. Plan Expenses – Quick Check

For more detailed analysis, consult the Fee Analysis Worksheet.

Recordkeeping: $______________________
(per participant)

Administration: $______________________
(compliance testing, filings, loans, distributions) (total cost)

Employee Communications/Education: $______________________
(total cost)

Trustee and Custody: ______________________
(basis points)

Investment Options:

Investment	Assets	Fees
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		