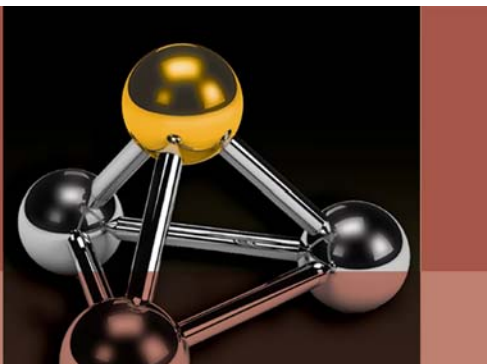


Benefit Consultants, Inc

Retirement Plans

Qualified Retirement Plan Fact Finder



Current date: _____ Date proposal required: _____

Type of Qualified Plan:

401(k) Profit Sharing Money Purchase Defined Benefit Cash Balance Non-qualified

Company Information

Company Name: _____

Type of organization (S-Corp, C-Corp, LLC, etc.): _____

Estimated eligible employees: _____

Do the owners of this company have ownership interests in any other company? Yes No

Does the employer have more than one retirement plan? No Yes — list plan type

Plan Features

Eligibility requirements: Age _____ Years of service _____

Estimated annual plan contribution to the plan:

Employee 401(k):	\$ _____
Employer Match:	\$ _____
Profit Sharing:	\$ _____
Roth 401(k):	\$ _____
Total:	\$ _____

Complete for Existing (Takeover) Plans Only

Estimated total assets: \$ _____ As of _____

Estimated annual billed fees for the plan services: \$ _____

Current administrator/recordkeeper? _____

Current investment manager: _____

Number of Employees _____ Number of participants with an account balance _____

Does the plan have an automatic enrollment provision? Yes No

Automatic deferral increases? Yes No

Risk based portfolios? Yes No Age/date based portfolios? Yes No

What is your employee turnover rate? _____

Is the employer in an active merger/acquisition mode? Yes No

Investment Options: Please attach a list

Are any of the following asset types available? Guaranteed investment contract (GIC) ESOP

Limited partnerships Brokerage Option Company stock Insurance contracts

Real Estate Investment Contracts (REIT) Other _____

(over)

How often are the investment options offered under the plan reviewed? _____

Does the employer have an Investment Policy Statement? Yes No

If the plan offers a profit sharing allocation, what is the allocation method currently being used?

Flat allocation Integrated Age weighted Class allocation

Would the employer consider tying profit sharing and/or matching contributions to business objectives?

Yes No

Does the plan exclude forms of compensation for purposes of making contributions? Yes No

Are there any classes or groups of employees that the employer would like to exclude from participating in the plan?

Yes No

Does the plan consistently fail non-discrimination testing? Yes No

Is the plan top heavy? Yes No

Has the employer considered a safe-harbor plan design? Yes No

What is the current document type?

Standardized prototype Non-standardized prototype Individually designed

What is the employer trying to accomplish by offering this plan?

Increase employee morale Tax savings for the company

Retain current employees Tax savings for employees

Maximize benefits for long-term employees Tax savings for both

Decrease employee turnover Other _____

Areas for Improvement

Administration: Service Accuracy Increase participation

Investments: Selection Due diligence assistance Expense

Employee Services: Education Account Access Plan Design

Other: _____

Does the plan currently have or would like to have any of the following:

Have Like

Plan Sponsor 800#

800# Customer Service Representatives

Investment returns on statements

Automatic enrollment

Have Like

Participant web site

Plan Sponsor web site

Multiple investment fund families

Online enrollment capability

What does the employer like about the current plan _____

What problems is the employer experiencing with the current plan? _____

Fax this completed form to 866-324-7576