



Retirement Plan Evaluator

Please complete the applicable items and provide the information requested for a comprehensive and easy-to-understand analysis of your existing (or potential) company-sponsored retirement program.

Company Information

Company Name: _____

Corporate Structure: S-Corp C-Corp Partnership LLC Sole Proprietor

Company Address: _____

Contact: _____

Phone: _____

FAX: _____

E-mail: _____

Survey

Do you currently have a retirement plan?
(if Yes, skip to Plan Data section below) Yes No

Which of the following would you consider as primary goals of a retirement plan? (Check all that apply)

- Tax Advantages
- Maximizing Contributions for Owners
- Employee Retention

What type of plan would you be interested in establishing?
(Check all that apply)

- 401(k)
- Profit Sharing
- Money Purchase Pension

Would you be interested in meeting with Asperia to design a plan that would help you reach specific goals?
(If yes, please provide information requested on next page to initiate The Retirement Plan Evaluator)

- Yes No

Existing Plan Data

Type of Plan:

- Profit Sharing 401(k)
- Money Purchase Pension

What are the primary goals of your retirement plan?
(Check all that apply)

- Tax Advantages
- Maximizing Contributions for Owners
- Employee Retention

Is the current plan meeting these goals?

- Yes No

What is the dollar value of your existing plan assets? _____

Where are the assets held? _____

How many employees participate in the plan? _____

How many employees are eligible to participate? _____

What is the approximate annual contribution to the plan? _____

(continued)

Existing Plan Data *(continued)*

Is your current plan “top heavy” <i>(60% or more of total plan assets owned by key ee’s)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the employees direct their own investments in the plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an Investment Policy Statement for your plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do your employees have Internet access to their accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please rate each of the following items with respect to your current retirement plan by checking a number 1-5 (with 1 being the lowest and 5 being the highest degree of satisfaction).

1. Investment Options	DEGREE OF SATISFACTION				
Performance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Fund Choices	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. Technology Platform					
Ease of Access to Information	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. Ongoing Employer/Employee Education					
Internet Access	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Face-to-Face Meetings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. Communications					
Participant Statements	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Plan Administration Newsletter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Plan Service Provider Website	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. Plan Administration Services Provider					
Responsiveness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Technical Expertise	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Plan Design Assistance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Legislative Updates	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Tax Advice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Requested Information

For a comprehensive and easy-to-understand analysis of your company-sponsored retirement program, please return your completed questionnaire and provide the following information to Asperia Retirement Plan Solutions, 546 Main Street, Worcester, MA 01608 or fax to (508) 770-0385.

- Census data (with employee salary, date of hire, date of birth – names and SSN not needed)
- Plan document & summary plan description for current plan (existing plans only)
- Latest form 5500 for current plan (existing plans only)
- Statement of current plan investment options with identification of share class (*A, B, C, S, L, Y, N, Institutional?*)

Agent/Broker Information *(if applicable):*

Agent name: _____

Phone: _____ Designation: _____

FINRA Broker ID #: _____ Producer ID #: _____

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