

Retirement Plan Assessment Questionnaire:

Employer Name: _____

Contact Name: _____

Current Provider: _____

Phone: () _____

Fees: _____

E-mail: _____

Fax: () _____

	YES	NO
Do you maintain a retirement plan due diligence file? _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an investment policy statement? _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a defined, disciplined process for selecting and monitoring investment options? _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you attempt to comply with 404(c)? _____	<input type="checkbox"/>	<input type="checkbox"/>
Does your plan pass all annual compliance testing? _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you fully understand all fees charged to the plan? _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an existing education and communication program? _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you satisfied with your current administration provider? _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you satisfied with your current investment offerings? _____	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

