

This form may be printed. When completed, please fax to 503-452-6141. You may also call 503-452-6140 or 800-533-3440 if you have questions or would like to have your information taken over the phone.

(If you have multiple plans, please complete for your primary plan and indicate what other plans you have as well as your goal in running secondary plans)

1. Number of participants currently in plan: \_\_\_\_\_
2. How many employees are eligible to participate in your plan: \_\_\_\_\_
3. Do you expect any significant changes to the number of participants (if yes, please explain in brief):  no  yes, increase/decrease by \_\_\_\_\_

4. Average percentage of income contributed by employees: \_\_\_\_\_%
5. If key employees (executive officers or owners) have been limited because of non-key employee contribution levels, what percentage of income would key employees like to contribute: \_\_\_\_\_% OR  not applicable

6. Matching policy: \_\_\_\_\_

7. Describe your current vesting schedule: \_\_\_\_\_

8. Number of years your current plan has been in place: \_\_\_\_\_
9. Have you had any prior plans (If yes, please indicate plan type, duration of plan and reason for termination):

10. Approximate assets of plan: \_\_\_\_\_
11. Approximate \$ annual contributions: \_\_\_\_\_ employer  
\_\_\_\_\_ employee
12. Who does your TPA (third party administration):

13. How is TPA compensated and how much:  
(direct billing, % of assets, blend) \_\_\_\_\_

14. What are the hard dollar charges to participants: \$ \_\_\_\_\_ each
15. What is the average expense ratio to participants: \_\_\_\_\_%
16. Do you have an Investment Policy Statement on file:  yes  no

17. Number of investment choices available:
  - Number of "Large Cap Growth" choices: \_\_\_\_\_
  - Number of "Large Cap Value" choices: \_\_\_\_\_
  - Number of "Small Cap" choices: \_\_\_\_\_
  - Number of "Mid Cap" choices: \_\_\_\_\_
  - Number of "International" and/or "Global" choices: \_\_\_\_\_
  - Number of "Balanced" choices: \_\_\_\_\_
  - Number of "Allocated" choices: \_\_\_\_\_

18. Is 24-hour automated customer service available:  yes  no  
Are participants given a live operator option:  yes  no

Is on-line customer service available, required, or not available: \_\_\_\_\_

19. How often are changes allowed for participant allocations, future contributions and enrollment parameters:  daily  weekly  monthly  quarterly  semi-annual  annual  open enrollment only

For the following, your own response may be lengthy or complicated, please respond in whatever format is most convenient for you (hand written, typed separately or other). You are also welcome to call and we will take the information down for you over the phone. If you decide that you don't have the time right now to get into the answers to these questions, I really encourage you to read the questions anyway. They are important questions with potentially far-reaching implications that all employers need to consider.

20. How is your due diligence on investment selections performed (ERISA requires employers to evaluate and monitor [due diligence] the investment selections offered to employees for suitability):

21. What steps have been taken to reduce your liability in regards to ERISA and suitability issues:

22. Who handles education requirements (You, TPA, out-sourced, investment sponsor):

23. How are education requirements fulfilled (classes, on-line, video, info packet):

24. What are your internal hard costs (annual fees, TPA billings, payroll transaction fees) and soft dollar costs (hourly wages and other costs allocatable to plan support, education, maintenance, liability/risk) to administer the plan: