



Diagnostic Report

Diagnostic Report Requester:

Please make sure the complete entire fact finder is complete and fax to 401(k) Analytics at 319-277-0012

ADVISOR NAME _____ FIRM _____

PRESENTED BY _____

EMAIL ADDRESS _____ PHONE NUMBER _____

MAILING ADDRESS _____

Do You Have A Color Printer? _____ Yes _____ No

Per report fee desired payment method:

Check - 401(k) Analytics, 1108 East Blvd, Charlotte, NC 28203

Credit Card - please charge the following credit card

Type: Visa Mastercard Discover American Express

Card Number:

Expiration Date:

3 Digit Code (see back of card):

Billing Address:

Credit Card on file - please charge my credit card on file



401(k) Analytics™
Diagnostic Report – Fact Finder

Complete and fax to 401(k) Analytics at 319-277-0012

1. Name of Employer _____
2. Does the company have an external website? ____Yes ____No
web address:_____
3. Current Retirement Plan Provider _____
4. a) Total Employees _____
b) Number of Eligible Employees _____
c) Number of Participants _____
5. Current Plan Assets _____
6. Does the company offer a Defined Benefit Plan?
____No ____Yes (open to all employees) ____Yes (“frozen”)
____Yes (open to some employees)
7. How long has the company used their current 401(k) recordkeeper/administrator?
____Less than 2 years ____2 < 5 years ____ 5 <10 years ____ >10 years
8. How often does the company evaluate other 401(k) providers?
____Less than 2 years ____2 < 5 years ____ 5 <10 years ____ >10 years
9. What is the plan’s eligibility?
____Immediate ____0-3 months ____4-6 months ____1 year
10. Is the plan sponsor familiar with the Pension Protection Act? ____Yes ____No ____Unsure
11. Does the plan utilize automatic enrollment/negative election?
____Yes ____No, never had it ____No, but considering it
12. Does the plan offer an automatic deferral increase feature?
____Yes, as a separate stand alone feature ____Yes, tied to both an easy enrollment feature and auto-enrollment ____No, but considering it ____No, unaware of this feature ____No
____Other
If yes, what is the deferral percentage? ____1% ____2% ____Employee’s choice ____Other

13. What is the plan's vesting schedule?

_____ Immediate _____ 2 year cliff _____ 3 year cliff _____ 3 year graduated _____ 4 year graduated
_____ 5 year graduated _____ 6 year graduated _____ other

14. Does the plan have a profit sharing provision? _____ Yes _____ No

If yes, what is the allocation method?

_____ Pro-rata (pay to pay) _____ Integrated w/ Social Security _____ Age weighted
_____ Service weighted _____ other_____

15. Does the plan offer a matching contribution? _____ Yes _____ No

If yes, what form of matching formula does the plan utilize?

_____ Fixed Match Only (excluding Safe Harbor) _____ Safe Harbor Match Only _____ Discretionary
Profit Sharing Match Only _____ Discretionary Profit Sharing Contribution Only
_____ Discretionary Profit Sharing Match & Other Contributions _____ Discretionary Profit Sharing
Contribution & Other Contributions _____ Fixed Match & Discretionary Profit Sharing Match
_____ Fixed Match & Discretionary Profit Sharing Contribution _____ Fixed Match & Other
Contributions _____ No Company Contributions _____ Other

What is the match? _____

16. Does the plan offer loans? _____ Yes _____ No

If no, is the company considering adding a loan provision? _____ Yes _____ No

17. What is the plans participation percentage? _____ %

18. What is the average deferral rate for "**non-highly compensated**" employees? _____ %
"**highly compensated**"? _____%

19. Does the plan allow catch-up contributions _____ Yes _____ No?

20. Does the plan allow for Roth contributions _____ Yes _____ No?

21. Does the employer offer a non-qualified deferred compensation plan _____ Yes _____ No?

NOTE: Questions 22 - 25 are optional

22. What is the plan sponsor's understanding of their fiduciary responsibility?

_____ Full _____ Somewhat _____ None

23. Who answers questions on fiduciary issues regarding the plan?

_____ Outside ERISA attorney, CPA, or actuary _____ Retirement provider or recordkeeper
_____ In-house counsel _____ CEO or president _____ Retirement plan advisor
_____ Plan committee or pension board _____ Head of benefits or HR
_____ Head of operations or administration _____ CFO or VP finance _____ Other

24. What are the challenges in fulfilling fiduciary responsibilities?

ERISA 404(c) compliance

Not a priority Somewhat a priority Top priority

Understanding fees/expenses

Not a priority Somewhat a priority Top priority

Fiduciary training

Not a priority Somewhat a priority Top priority

Documentation of procedures

Not a priority Somewhat a priority Top priority

Investment policy review

Not a priority Somewhat a priority Top priority

Plan provider benchmarking

Not a priority Somewhat a priority Top priority

Plan document review

Not a priority Somewhat a priority Top priority

Fiduciary investment review

Not a priority Somewhat a priority Top priority

Participant education

Not a priority Somewhat a priority Top priority

25. What resources are used for legislative and regulatory updates?

Retirement plan advisor

Not a resource Somewhat valuable Most valuable

Retirement plan provider

Not a resource Somewhat valuable Most valuable

Online websites

Not a resource Somewhat valuable Most valuable

Trade publications

Not a resource Somewhat valuable Most valuable

Attorney (in-house)

Not a resource Somewhat valuable Most valuable

Attorney (outside counsel)

Not a resource Somewhat valuable Most valuable

Accountant

Not a resource Somewhat valuable Most valuable

Other _____

Not a resource Somewhat valuable Most valuable

26. Does the plan sponsor have a formal retirement plan committee? ____Yes ____No

If so, how often do they meet? ____ Monthly ____ Quarterly ____ Annually

27. Please list the funds and corresponding ticker symbols (if mutual funds) currently available to plan participants. **If the contract is a Group Annuity, please provide separate account expense ratios, and investment option fact sheets. If a "sub-advised" approach is used please provide fact sheets for each investment option.**

28. What is the plan's default investment option? _____

29. Does the plan sponsor have a written Investment Policy Statement which would determine how and why certain funds were/are selected? ___Yes ___No ___Uncertain

30. How often are plan investments monitored?

___Annually ___Semi-Annually ___Quarterly ___Monthly ___Other

31. Does the plan offer company stock? ___Yes ___No

32. Does the plan offer a Self Directed Brokerage Option? ___Yes ___No

33. What is the number of investment options offered in the plan? _____

34. Does the plan offer investment advice to participants? ___Yes ___No

If yes, through which source is advice provided?

___Financial planner/adviser ___Third Party ___Company's DC Provider ___Other Source

35. What means are used in the 401(k) plan education process?

___Enrollment Kits ___Paycheck Stuffers ___Fund Performance Sheets
___CD's/MP3's/Audio ___Videos/DVD's ___Slides/PowerPoint
___Retirement Gap Calculators ___Other Modeling Software (not retirement gap)
___401(k) Day ___Newsletters ___Posters ___Books ___Seminars/Workshops
___Webinars ___Email ___Internet/Intranet ___Individually Targeted Communication

36. If an automated telephone access system is utilized, what can it be used for?

___Enrollments ___Plan Inquiries ___Contribution changes
___Balance Inquiries ___Investment Changes ___Loans
___Hardship Distributions ___Final Distributions ___None of the Above

37. If the provider has a participant internet site available, what capabilities does it have?

___Enrollments ___Plan Inquiries ___Contribution changes
___Balance Inquiries ___Investment Changes ___Loans
___Hardship Distributions ___Final Distributions ___None of the Above

38. Billable expenses per year or quarter? \$_____ per year OR \$_____ per quarter

39. Is there an "asset charge" or "wrap charge" within the current contract? ___Yes ___No?

If yes, what is the charge? _____

Is it a graded asset charge? ___Yes ___No

40. How often can employees/participants initiate investment transfers?

____Daily ____Monthly ____Annually ____Other

41. How often is the plan valued? ____Daily ____Monthly ____Quarterly ____Annually

IMPORTANT: Please provide the plans current asset allocation (assets held within each investment option). This will allow 401(k) Analytics to include a weighted average expense ratio or investment management fee in the Diagnostic Report™ as well as an investment allocation overview.

I, the plan sponsor or representative, hereby authorize this information to be shared with 401(k) Analytics for the sole purpose of providing a Diagnostic Report.
