

**About Your Firm / Team**

Please tell us about your firm. If your team is affiliated with a large firm that includes multiple teams around the country, please tell us about your team.

1. Firm (Team) Name:
2. Address:
3. Contact for this RFP
  - Name:
  - Phone:
  - Fax:
  - Email:
4. Describe the ownership and structure of your firm (team)
5. List your firm's lines of business (including affiliated companies)
6. How many years has your firm been in business?
7. Briefly describe your firm's history
  - a. How many years has your firm been servicing retirement plan clients?
  - b. What documentation of your firm's history servicing retirement plan clients can you provide?
8. What is the total number of employees in the firm?
  - a. Of those, number of employees who are Investment Advisory Representatives (IAR).
  - b. Do you use sub-contractors?  
\_\_ Yes \_\_ No
    - i. If Yes, who and for what services?
9. What is the position of your firm in the employer-sponsored retirement plans business?
  - a. Percentage of revenue is from retirement plan investment advisory services?
  - b. Plan assets under advisement
  - c. Total number of clients with a defined contribution plans under your advisement (401(k)/403(b)/401(a) Profit Sharing/ 401(a) Profit Sharing or Money purchase other than 401(k) plans, Government 457, 457(b), and 457(f) plans)
  - d. Number of core client plans (with whom your firm have regular quarterly contact)
  - e. Number of client plans added over the past 24 months
  - f. Number of clients lost over the past 24 months
  - g. Publications your firm has created or contributed to
  - h. Recognition received from independent sources demonstrating expertise and credibility
10. Please list the types of services your firm offers for retirement plans
11. Please describe your firm's experience helping clients through complex process such as Department of Labor audits, Internal Revenue Services audits, voluntary compliance actions, partial plan termination determinations, plan mergers of spin-offs, plan terminations, or corrective contributions

12. Describe what differentiates your firm from other investment consulting firms.
13. How does your firm define and measure the success of retirement plan consulting relationships?
14. Please list the federal, state, and other regulatory agencies with which your firm is licensed or registered, and the type of license held.
  - a. Please indicate which employees are not registered or licensed, and why.
15. Have any individuals from your firm ever been disciplined by any government regulator for unethical or improper conduct or been sued by a client who was not happy with the work performed by the firm?
16. Has your firm or any advisor of your firm been found guilty of any violation or paid any fines because of violations of securities regulations or ERISA?
17. Is your firm bonded/insured? If so, to what amount?
18. Does your firm work with client plans on an advisory basis?
  - a. If applicable, please provide a copy of both parts of your firm's most recent SEC Form ADV.
19. Does your firm work with clients on a commission basis?
20. Please provide a current list of representative clients
21. Please list four reference clients similar to our organization in terms of size

## Service Team

1. Describe your service model to our plan (staff, responsibilities, interactions with our plan, frequency of in-person meetings, frequency of conference calls, team dynamics)

2. Primary contact for our relationship:

Name:

Title:

City and State

Phone:

Fax:

Email:

Overall experience with employer-sponsored retirement plans

Commitment to the retirement plans business

Education, honors, designations and other credentials

Regular activities to stay current on market and regulatory developments

Area of expertise

Years with the firm

Role at the firm

Number of plans supported

Average size of plans supported

3. Will the primary contact be the only person with whom we will be working?  
\_\_ Yes \_\_ No (if no, please list name(s), contact information, and profile information for each person)
- Contact Name:  
Title:  
City and State:  
Phone:  
Email:  
Overall experience with employer-sponsored retirement plans  
Education, honors, designations, and other credentials  
Area of expertise  
Years with the firm  
Role on the team serving our plan  
Number of plans supported  
Average size of plans supported  
Number of plans lost this year

### Investment Services

1. Describe your firm's approach to 401(k) plan investment consulting
2. What investment policy statement support do you offer?
3. What tools does your firm use to evaluate investment funds and managers?
  - a. Which of these tools are proprietary to your firm, developed in-house or specifically for your firm?
4. Describe your investment research resources and capabilities
  - a. How are investment benchmarks determined?
  - b. Is your investment research proprietary or from a third party?
5. Do you hold performance review meetings with client and what reports do they receive?
6. Do you have an investment watch list and what is your termination recommendation process?
7. What actions do you take when investments are not performing?
8. Provide a sample of a written recommendation provided to a client
9. Will your firm offer investment advice to our plan?  
\_\_ Yes \_\_ No
  - a. Please explain

### Participant Services

1. Please list the types of services your firm provides to retirement plan participants
2. Do you offer advice/education?
3. Do you offer model allocations?
4. What resources do you have dedicated to participants?

5. Please provide 2 specific examples of ways in which your firm has made a positive impact on retirement plans you support over the past 24 months (For example: increased participation, increased deferrals, enhanced services, lowered fees)

### **Provider / Vendor Services**

1. Describe your vendor benchmark service and process
2. Describe your service provider search RFP service and process
3. In the past 36 months, how many TPA / Recordkeeper / Trustee searches have you conducted for the DC and DB plans your firm supports?
  - a. How many of these resulted in a change in TPA/Record keeper Trustee?
  - b. List the top three TPA/Record keepers/Trustees that you have recommended
4. With how many different service providers does your firm work to support current clients?
5. What experience do you have with our current service provider?
  - a. What relevant issues should we be aware of/focused on?
6. What plan design change initiatives have you led with your clients in the past 24 months?

### **Fiduciary Status and Compliance**

1. Do you intend to act as a fiduciary for the plan and or its participants?
2. What compliance resources does your firm provide?
3. Do you offer committee training, education, and support?
4. Describe your fiduciary responsibility under ERISA to our plan, including your ability to serve in an ERISA 3(21) or 3(38) capacity
5. Describe your fiduciary responsibility to our plan participants
6. Describe potential conflicts of interest that may arise with the proposed advisory relationship
7. Does your firm have a written policy for addressing conflict of interest?  
 Yes  No
  - a. Please describe
8. Have any of your clients been the subject of an investigation by the Department of Labor?  
 Yes  No
  - a. Please describe

### **Fees**

1. How is your firm compensated for services?
2. What percentage of your firm's revenue is derived from:
  - a. Commission relationships?
  - b. Advisory relationships?

3. Does your firm receive any form of compensation or benefits from companies or individuals whose products or services you may refer or recommend?  
 Yes  No
  - a. Please explain
4. Please describe any and all fees for services to our plan under this proposal
5. Are you willing to guarantee your fees for a specific period of time?
6. Does your firm provide written agreement or a letter of engagement detailing services provided to our plan?  
 Yes  No
  - a. If so, please include sample.
7. What is your ability to offset fees with 12b1 fees, finders' fees, or other fees embedded within the plans' investments?

### **Technology**

1. Describe any technology available to your firm (excluding technology of our provider)
  - a. Which of this technology is proprietary to your firm, built in-house or specifically for your firm?
2. What applications do you run that would be beneficial to our plan?
  - a. Which of these applications are proprietary to your firm?

### **Security and Business Continuity**

1. Please describe the succession plan for the primary contact who will be working with our plan
2. Please describe the succession plan of your firm
3. Please describe your firm's data security measures
4. Please describe your firm's disaster recovery plans