



Confidential Retirement Plan Study

Business name _____

Subfirm (circle one) PCG-001 WBS-020 FiNet-072 Rep code _____

Financial Advisor name _____

Branch location (city, state) _____ Branch phone () _____

Financial Advisor email address _____

The information you provide in this assessment will be used only for the purpose of providing a comprehensive plan review on your employer retirement plan. Please note that certain information may be provided to third parties for the exclusive purpose of preparing a hypothetical illustration for plan design purposes.

Financial Advisor Instructions

Return to:
Retirement Plan Consulting
Mailcode: H0006-072
Fax: 314-875-7952

Confidential retirement plan study

Instructions

If you are interested in:

Retirement services — new plan

Complete:

Modules A, B, D

This screenshot shows the 'A. Basic employee information' section of a form. It includes fields for 'Employer name', 'Employer address', 'Employer phone', and 'Employer website'. There are also checkboxes for 'Is this a new plan?' and 'Is this a confidential plan?'. The form is divided into three columns, with the first column containing the main information and the other two columns containing smaller sections and a table.

Retirement services — existing plan

Modules A, C, D

This screenshot shows the 'A. Basic employee information' section of a form, similar to the one above but with some differences in the layout and content of the sections. It includes the same basic information fields and checkboxes. The form is divided into three columns, with the first column containing the main information and the other two columns containing smaller sections and a table.

Attachments to include with submission (if applicable)

- _____ Summary plan description/Adoption agreement
- _____ Investment statement/asset listing, annuity contract
- _____ 408(b)(2) Fee disclosure
- _____ Plan health report/benchmark report
- _____ Investment Policy Statement

A. Basic business information

Contact information

Business legal name _____

Address _____

City _____ State _____ ZIP _____ Web address _____

Person to contact _____ Email _____@_____

Contact's job title _____

Telephone (____) _____ Ext. _____ Fax (____) _____

Company overview

Type of organization:

S corporation Sole proprietorship Not-for-profit under IRC Section _____

C corporation Partnership LLC taxed as: C-Corp S-Corp Partnership Sole Prop.

Do any owners or spouses also own any other business? Yes No Unsure

If yes, is this a controlled or affiliated service group? Yes No Unsure

(Census data is required for all businesses under a controlled group and/or affiliated service group.)

Tax year-end date _____

Multiple Locations Yes No If yes provide a list of locations

Tax ID# _____

Nature of business: _____

How would you classify your business? Start-up Growing Mature

What is the business's tax bracket? _____

Employee demographics

How many employees do you have? _____ Full-time _____ Part-time (< 1,000 hours per year)

Do you have union employees? Yes (If so, how many? _____) No

Leased employees? Yes (If so, how many? _____) No

Do you share employees with another business? Yes No

What is the average turnover rate within the past three years _____ %

B. Retirement plans — new plan

Primary purpose of plan (please indicate based on scale of 1-10) _____

Tax strategy for business

Equally important

Provide benefit to employees

1

5

10

Has your company ever maintained a retirement plan? Yes No

If yes:

What type of plan? SEP SIMPLE IRA 401(k) Defined Benefit Other _____

When was plan terminated? _____

Why was plan terminated? _____

Plan design

Are there any employees you would like to exclude, if possible?

None Union Part-time (<1,000 hours) Other (describe) _____

Who will make contributions to the plan?

Employer only Employer and employees through payroll deduction

Employees only through payroll deduction

Employer contributions:

To all eligible employees (*profit sharing*)

Only to employees contributing through payroll deduction (*matching*)

Both (*matching and profit sharing*)

Anticipated budget for employer contributions: \$ _____, or _____ % of payroll

If possible, plan should be designed to favor:

Older employees All employees equally Long-time employees Highly compensated employees/owners

Other _____

Do you want employer contributions to be:

Nearly level each year Able to fluctuate each year

Do you want employer contributions subject to a vesting schedule? Yes No

Are there any other key issues in designing your retirement plan? _____

Product alternatives

Who should direct investment of plan assets? Participants Employer Corporate trustee

Combination of participant and employer/trustee

Are there specific investments other than mutual funds, desired for your plan? (Check all that apply.)

Individual stocks Individual bonds Annuities and/or life insurance

Private money management Collective funds Exchange-traded funds (ETFs)

How important is employee communication/education? (please indicate based on scale of 1-10) _____

Less important

Important

Very important

1

5

10

Plan costs

Plan costs—How will plan fees be paid?

- Employer (potential tax deduction to employer)
- Investment expenses to cover plan fees
- Spread evenly among participant accounts.

C. Retirement services — existing plan

Primary purpose of plan (please indicate based on scale of 1-10) _____

Tax strategy for business

Equally important

Provide benefit to employees

1

5

10

Plan information

Complete the following information and provide these documents:

1. Copy of your adoption agreement or the most recent summary plan description
2. Copy of the most recent investment statement, asset listing or annuity contract
3. Copy 408(b)(2) fee disclosure reports
4. Copy of plan health report or benchmark report

Type of plan(s)*	Beginning date	Plan year-end	Number of participants	Plan values	Annual contributions	
					Employer	Employee
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____

*401(k), profit sharing, SEP, SIMPLE, defined benefit, etc.

Service providers

Who provides your plan document and keeps it up-to-date? _____

Where are plan assets currently held? _____

(Name of bank, brokerage firm, record keeping platform, etc.)

	Name	Fees	Keep	Replace	Indifferent
Third-party administrator (testing, reporting for the plan)	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record keeping (vendor)	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance/tax reporting (Form 5500, etc.)	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who provides employee education?	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your plan have a corporate trustee? <input type="checkbox"/> No <input type="checkbox"/> Yes	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current FA or registered investment advisor (RIA)	_____	\$ _____	bps _____		

C. Retirement services — existing plan (continued)

Plan design analysis

To determine whether your current plan is appropriate, please answer the following:

Are you currently excluding any employees in your plan?

None Union Part-time (<1,000 hours) Other _____

Who should make contributions to the plan:

Employer only Employer and employees through payroll deduction
 Employees only through payroll deduction

Employer contributions:

Are you currently making:

Matching contribution Yes or No, if yes, what is the current matching formula?

(ie: 50% up to 6%): _____% up to _____% of income

Profit sharing contribution: Yes or No, if yes, what _____%

Anticipated budget for employer contributions:

\$ _____, or _____% of eligible compensation

Plan is currently designed to favor:

Older employees All employees equally
 Long-time employees Highly compensated employees/owners Other _____

Would like plan design to favor:

Older employees All employees equally
 Long-time employees Highly compensated employees/owners Other _____

Are you willing to contribute to all eligible employees if it increases contributions to highly compensated employees/owners?

Yes No

Do you want employer contributions to be:

Nearly level each year Able to fluctuate each year

Do you want employer contributions subject to a vesting schedule? Yes No

• What is the participation rate in your plan _____% (not needed if plan health report is provided)

• What percentage of employees are deferring through payroll deduction at least up to the employer match? _____%

• Are highly compensated employees receiving refunds of salary deferral contributions at year-end? Yes No

• Are you required to make a top-heavy contribution due to failed testing? Yes No

Tell us what you like about your plan? _____

What would you like to change: _____

C. Retirement services — existing plan (continued)

Product alternatives

Do you currently have a written investment policy? Yes No (If yes, please attach a copy.)

Who directs investment of plan assets? Participants Employer Corporate Trustees

If participant-directed, how many investment choices do you offer? _____

Does the plan have assets in any of the following classes? (check all that apply) Not needed if investment line-up is provided.

<input type="checkbox"/> Cash/money market funds/CDs	<input type="checkbox"/> Private money managers	<input type="checkbox"/> Life insurance
<input type="checkbox"/> Stocks	<input type="checkbox"/> Tangibles, collectibles, etc.	<input type="checkbox"/> Limited partnerships
<input type="checkbox"/> Bonds	<input type="checkbox"/> Company stock	<input type="checkbox"/> Stable value
<input type="checkbox"/> Mutual funds	<input type="checkbox"/> GICs (Guaranteed investment contracts)	Other _____
<input type="checkbox"/> Bank common funds	<input type="checkbox"/> Annuities	

Are you satisfied with:

Satisfied Not satisfied

Investment performance	<input type="checkbox"/>	<input type="checkbox"/>
Investment selection	<input type="checkbox"/>	<input type="checkbox"/>
Investment fees	<input type="checkbox"/>	<input type="checkbox"/>

Are there specific investments other than mutual funds, desired for your plan? (Check all that apply.)

Individual stocks Individual bonds Annuities and/or life insurance Private money management
 Collective funds Exchange-traded funds (ETFs)

Plan costs

Plan costs—How will plan fees be paid?

Employer direct (potential tax deduction to employer)
 Investment expenses to cover plan fees
 Spread evenly among participant accounts.

Comments: _____

D. Employee census

This information is very important. It will help us evaluate solutions “tailored” to your work force and needs. Please provide information on all owner and nonowner employees.

* Annual salary is typically defined as W-2 wages for “S” Corp and “C” Corp employees. For a partnership, list K-1 self-employment earnings. For a sole proprietor, list Schedule C net profit.

+ Salary deferral percent should be current deferral elections for retirement plans that permit employee contributions. If your plan does not currently permit employee contributions, your Financial Advisor can provide a sample survey that you can use to gauge employee interest in contributing to this type of plan.

Last name	First Initial	Date of birth (mm/dd/yy)	Date of hire (mm/dd/yy)	Annual salary (include bonus)*	Job description	Owner? (if yes, show %)	Officer? (Y/N)	Family member? (Y/N) (if yes, indicate relationship)	Works 1,000+ hours annually? (Y/N)	Salary deferral percent†
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %
_____	_____	_____	_____	\$ _____	_____	_____ %	_____	_____	_____	_____ %

Wells Fargo Advisors, LLC has my consent to provide this census information to a third party if necessary to prepare a hypothetical illustration for plan design purposes.

 Authorized company representative’s signature

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