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Proposal Request Form

Your name: _____ Firm: _____

Address: _____

Telephone #(s): _____ E-Mail: _____

Instructions: Please complete as much information as possible on this form. Once completed, please fax to Rob Wisner at 215.723.1265, mail or e-mail to: Rob@tpagroup.com. Rob's direct line is 215.799.1200.

_____/_____/_____ Date needed by (*Please allow 1 working day from the date all data is received*)

I. BASIC INFORMATION:

Plan Sponsor: _____ Contact: _____

Address: _____

Telephone Number: _____ E-mail Address: _____

Plan Type(s): ___401(k)___403(b)___457___ Profit Sharing ___ Money Purchase ___ Prevailing Wage
___ Other (*please describe*) _____

Existing Assets (*approximate*): \$_____ Annual Deposits (*approximate*): \$_____

Approximate # of employees: Total: _____ Eligible: _____ With balances: _____

Current Provider(s): _____

Reason(s) clients is looking to change: _____

Please select provider(s) you would like to quote:

- American Funds
- ING
- John Hancock
- MassMutual
- Other(s) _____

Special note: Financial advisors should contact the provider directly for their proposal of services and fees. Please contact Rob Wisner directly at 215.799.1200 if you need assistance as additional information will be required.

II. BUSINESS AND OWNERSHIP INFORMATION:

a. Do the principals own, control or manage any other business? ___Yes ___No

b. Will any of the employers participate in the plan? ___Yes ___No

If yes to either a. or b., please complete the ownership questionnaire.

RETIREMENT PLAN EVALUATOR (optional)

What are the primary goals of your retirement plan? *(Circle all that apply)*

Tax Advantages Maximizing Contributions for Owners Employee Retention

Is the current plan meeting these goals? ___Yes ___No

Do the employees direct their own investments in the plan? ___Yes ___No

Do you have an Investment Policy Statement for your plan? ___Yes ___No

Please rate each items as it pertains to your current retirement plan by circling a number 1-5 (*1 = lowest, 5 = highest*)

	<u>Degree of Satisfaction</u>	<u>Comment(s)</u>
Investment Options		
Performance	1 2 3 4 5	_____
Fund selection	1 2 3 4 5	_____
Technology Platform		
Ease of access to information	1 2 3 4 5	_____
Integration with payroll	1 2 3 4 5	_____
Ongoing Employer/Employee Education		
Face-to-face meetings <i>(frequency, quality)</i>	1 2 3 4 5	_____
Internet access	1 2 3 4 5	_____
Communications		
Participant statements <i>(accuracy, timeliness, quality)</i>	1 2 3 4 5	_____
Enrollment materials	1 2 3 4 5	_____
Service provider website	1 2 3 4 5	_____
Plan Administration Services Provider		
Responsiveness	1 2 3 4 5	_____
Technical expertise	1 2 3 4 5	_____
Plan design assistance	1 2 3 4 5	_____
Compliance services	1 2 3 4 5	_____
Legislative updates	1 2 3 4 5	_____
Administrative ease	1 2 3 4 5	_____
Distribution processing	1 2 3 4 5	_____
Loan processing	1 2 3 4 5	_____

Requested Information (in order for us to provide you a more detailed plan analysis):

_____ Census data *(employee name, date of hire, date of birth, current 401k deferral %, annual compensation and hours)*

Existing plans:

_____ Plan Adoption Agreement or Summary Plan Description

_____ Latest compliance reporting - *Form 5500, discrimination testing*

_____ Plan expenses paid by Plan Sponsor and Plan itself – *includes listing of Investment options with internal fund operating expenses, assets charges, trustee fees, administrative fees, distribution and loan fees, etc.*

Notes: _____

Request for Projection (continued)

V. PROPOSED PLAN CONTRIBUTIONS: Please select from the options below for a Prospective plan illustration.

1. **401(k)** ____% NHCE (non highly compensated employee) default deferral rate.

Note: Paragon defaults all NHCE's at a 3% deferral rate unless indicated or supplied individually on census file.

2. **MATCH OPTIONS:** (contributions go to employees that defer)

Match \$_____ up to _____% of pay **OR**

Safe Harbor Match (allows key employees to defer maximum, 100% vest, notice requirements)

100% match up to 3% of pay then 50% match on next 2% of pay (minimum) **OR**

Other _____ (amounts exceeding 100% up to 6% of pay must be tested)

3. **PROFIT SHARING OPTIONS:** (contributions go to all eligible employees)

Safe Harbor Profit Sharing (allows key employees to defer maximum, 100% vest, notice requirements)

3% of pay (minimum allocation) **OR**

Other _____

AND/OR

Discretionary annual Profit Sharing \$_____ Approximate annual contribution

Pro-rata (same allocation % to all eligible employees)

Integrated (benefits employees earning over S.S. taxable wage base - \$90,000/2005--\$100,000/2006)

Age-weighted (allocation based on age and compensation)

Points formula (points assigned for years of service and/or compensation)

New Comp/cross tested (targeted allocations based on job titles, etc.). Complete below:

Group A: _____

Group B: _____

Group C: _____

Group D: _____

Group E: _____

Group F: _____

Projections are subject to fluctuation with demographic changes. Examples include any changes to ownership, family members, employment status, projected 401(k) deferral %, hours worked, and compensation amounts.