

# AdvisorNet Benefits RETIREMENT PLAN FACT FINDER

Please submit along with a Census (see sample) to AdvisorNet Benefits  
Email: [advisornetbenefits@advisor.net](mailto:advisornetbenefits@advisor.net) or Fax: 612-313-7516

## A. Broker Info

Broker Name:

Firm/Agency:

Phone:

Email:

## B. Client/Prospect Info

Name:

Target Effective Date:

Current Vendor:

Record Keeper/TPA:

Trustee:

Fiduciary:

## C. Plan Type

- |  |   |                                 |                                 |
|--|---|---------------------------------|---------------------------------|
| <input type="checkbox"/> 401(k)          | <input type="checkbox"/> 403(b)         | <input type="checkbox"/> 401(a) | <input type="checkbox"/> 457(b) |
| <input type="checkbox"/> Defined Benefit | <input type="checkbox"/> Profit Sharing | <input type="checkbox"/> SEP    | <input type="checkbox"/> SIMPLE |

## D. Plan Design

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> ERISA                                  | <input type="checkbox"/> Non-ERISA   | <input type="checkbox"/> Start-Up Plan | <input type="checkbox"/> Takeover Plan |
| Loans: <input type="checkbox"/> Yes <input type="checkbox"/> No | Hardship Withdrawals: <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |

Vesting Schedule:

- |   |                                       |   |                                |
|---|---------------------------------------|---|--------------------------------|
| <input type="checkbox"/> 100% Immediate | <input type="checkbox"/> 3 Year Cliff | <input type="checkbox"/> Graded, # of years _____ | <input type="checkbox"/> Other |
|---|---------------------------------------|---|--------------------------------|

## E. Investment Provider

Name:

## F. Investment Type

- |  |                                      |                                       |                                |
|--|--------------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Group Annuity | <input type="checkbox"/> Mutual Fund | <input type="checkbox"/> Stable Value | <input type="checkbox"/> Other |
|--|--------------------------------------|---------------------------------------|--------------------------------|

## G. Platform

- |                                  |                                    |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> Bundled | <input type="checkbox"/> Unbundled |
|----------------------------------|------------------------------------|

# AdvisorNet Benefits RETIREMENT PLAN FACT FINDER

H. Plan Assets (as of date): \_\_ / \_\_ / \_\_

Total Plan Assets: \$

Asset/Fund Breakdown: (Include a copy of recent asset statement)

Fixed Account/Stable Value:

Surrender Value/Market Value Adjustment (\$/%):

## I. Annual Contributions

Employer: \$

Employee: \$

Estimated 1<sup>st</sup> Year Transfer of Assets: \$

Discretionary:

Yes

No

Contribution Formula:

## J. Participants

# Eligible:

# With Account Balance:

# Deferring into Plan:

## K. Plan Document

Standardized

Non Standardized

Provider:

## L. Fiduciary Services

IPS

Fund Selection

Fund Monitoring

Fund Due Diligence

## M. Current Plan Fees & Expenses

Investment Management:

Administrative:

Legal:

Accounting:

Consulting:

Advisory:

## N. Employer Key Objectives (Rank in order of importance 1-9)

Cost

Administration

Compliance

Participant Education

Plan Level Reporting

Service

Technology

Other

Investment Performance

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## RETIREMENT PLAN FACT FINDER

### Retirement Plan

#### Employer Census

	Name	Date of Birth	Date of Hire	Annual Income	Owner (Y/N) If YES, %	Hours Worked Annually
	<i>Sample Client</i>	<i>01/05/1975</i>	<i>06/01/00</i>	<i>\$75,000</i>	<i>N</i>	<i>2000</i>
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# AdvisorNet Benefits

## RETIREMENT PLAN FACT FINDER

	Name	Date of Birth	Date of Hire	Annual Income	Owner (Y/N) If YES, %	Hours Worked Annually
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33						
34						
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