## Midland Wealth Management Retirement Plan Services

## **Company Retirement Plan Checkup Questionnaire Part I. Company Information**

Company Name	Company Conta	ct Name		
Company Address	City	St	tate	_ Zip
Telephone Number Email Address	ess			
Respond by checking appropriate line. Give yourself 5 points for each "Yes" response and 0 points for all other responses. Keep a copy for your records.				
Part II. Plan Compliance		Yes	No I Do	on't Know
1. Do you conduct an annual plan review with your co	urrent vendor?			pts.
2. Have you benchmarked your overall plan fees to dare reasonable according to Department of Labor				pts.
3. Does the plan have a designated trustee instead of the company? pts.				
4. Do you have an investment advisor who selects investment plan offers to plan participants?	vestments that			pts.
5. Does your plan exclude offering proprietary invest your current vendor?	ments owned by			pts.
Part III. Plan Administration				
1. Does your plan design meet the needs of your em	ployees?			pts.
2. Do more than 60% of your employees participate	in the plan?			pts.
3. Do you feel that the fees you are paying your curre appropriate for the service you are receiving?	ent vendor are			pts.
4. Does your current vendor respond timely to your	plan inquiries?			pts.
Part IV. Plan Education	our amplayage halp			
1. Does the retirement plan education provided to you increase plan enrollment?				pts.
2. Are your employees asking for more in-person invey your retirement vendor?	estment guidance fro	m		pts.
3. Are your employees receiving comprehensive final beyond retirement plan education?	ncial wellness educat	ion		pts.
<b>Retirement Plan Health</b> Excellent = Score of 55	Good = Score of 50	Fair = Score o	f 45 Poor	<b>pts.</b> r = Score 40 or below

