REQUEST FOR PROPOSAL

The information provided below will allow Retirement Strategies, LLC to prepare a proposal which will cover the services Retirement Strategies, LLC provides, as well as the installation and administrative fees that will be charged Retirement Strategies, LLC.

Proposal Requested By:

Address:

Email:

Client Name (optional):

Plan Status:

New Plan (please complete Section A)			Existing Plan (please complete Section B)								
Section A											
Desired Plan Year:	to										
Desired Plan Design:	401(k) Plan Safe	-Harbor Plan	Profit Sharing Plan	Cross-Tested Plan	Undecided						
Number of Full-time Emp	ployees (working mor	e than 1,000 ho	urs):								
Desired Investment Provi	der(s):										
Section B											
Plan Year:	to										
Plan Design: 401((k) Plan Safe-Har	bor Plan Pr	ofit Sharing Plan	Cross-Tested Plan	Uncertain						
Number of Full-time Emp	oloyees (working mor	e than 1,000 ho	urs):								
Number of Eligible Plan F	Participants:										
Current Valuation Frequer	ncy: Annual	Semi-Anr	nual Quarterly								
Current Investment Provid	der(s):										
Will the Investments be tr	ansferred to a New Ir	vestment Provid	der? YES	NO							
If yes, please complete the	e below information:										
Desired Investme	ent Provider(s):										
Desired Investme	ent Arrangement:	Allocated	Segregated (Brokerag	e Account) Pooled	(Balance Forward						

THIS FORM ONLY NEEDS TO BE COMPLETED IF PLAN DESIGN ILLUSTRATIONS ARE REQUESTED WITH THE PROPOSAL

PLAN NAME:

EMPLOYEE DATA REQUEST

	_									
Employee Data for the Period Ending:	Officer? (Y/N)	Percent Ownership	Date of Birth	Date of Hire	Hours Worked 500 - <500 1000 > 1000	Gross Wages	Employee 401(k) Deferrals	Employer Matc	Profit Sharing	
								h		

Print & Fax Form to (920) 788-7053