

Are you affiliated with a BD?	<i>Yes</i>	<i>No</i>
Do you partner with external retail advisor teams to sell qualified plans?	<i>Yes</i>	<i>No</i>
If you are part of a larger organization, do you cross-sell or “hunt” with others inside?	<i>Yes</i>	<i>No</i>
If you are part of a larger organization, do you manage your own, separate brand ?	<i>Yes</i>	<i>No</i>
Are you part of the Retirement Advisor Council?	<i>Yes</i>	<i>No</i>
Are you part of F1360 – now Broadridge Retirement and Workplace?	<i>Yes</i>	<i>No</i>

What is your business model?	<input type="checkbox"/> Independent or dually registered IRA	<input type="checkbox"/> Fee-Only RIA	<input type="checkbox"/> Bank/Wirehouse Affiliated FA	<input type="checkbox"/> Insurance Company Rep	
How many offices do you operate out of?	<input type="checkbox"/> Single	<input type="checkbox"/> Multiple – how many?			
Did you join a larger firm within the last 3 years?	<i>Yes</i>	<i>No</i>	If no, have you considered merging with another firm?	<i>Yes</i>	<i>No</i>
If yes, how are you operating today:	<input type="checkbox"/> Completely independent, retaining my own brand, decisions and resources <input type="checkbox"/> Somewhat independent, retaining my own brand and decisions, with services of the larger organization <input type="checkbox"/> Fully integrated into the new business, leveraging the larger brand, decisions and all shared services <input type="checkbox"/> Other, please describe				

Which of the following business tactics do you employ in your business?

<input type="checkbox"/> written sales plan for retirement	<input type="checkbox"/> written succession plan for retirement
<input type="checkbox"/> written marketing plan for retirement	<input type="checkbox"/> buy/sell agreement
<input type="checkbox"/> minimum asset size for new business	<input type="checkbox"/> business continuity plan
<input type="checkbox"/> Insurance covering you as plan fiduciary	<input type="checkbox"/> cyber security plan
	<input type="checkbox"/> professional liability coverage

Which of the following profitability tactics do you employ in your business?

<input type="checkbox"/> track profitability by client	<input type="checkbox"/> track and record time spent on each client
<input type="checkbox"/> formally segment client base (A clients get xx; B get xx, etc.)	<input type="checkbox"/> have an hourly bill back rate to clients
	If yes, what is your partner rate? Non-partner rate?

Which of the following client experience tactics do you employ in your business?

<input type="checkbox"/> conduct win/loss reviews with an external firm	<input type="checkbox"/> continuous online feedback survey
<input type="checkbox"/> conduct an annual online client feedback survey	<input type="checkbox"/> conduct a phone/interview survey
<input type="checkbox"/> client advisory board	<input type="checkbox"/> ask clients for referrals
<input type="checkbox"/> written strategic relationship plan and goals (what you will specifically accomplish in the upcoming year)?	<input type="checkbox"/> provide a written needs assessment document to clients (identify specific goals/metrics for plan/participants)?

Which of the following <u>benchmarking</u> do you provide for your clients?	Total Plan Fees	<input type="checkbox"/> To all	<input type="checkbox"/> To Some	<input type="checkbox"/> No
	Advisory Fees	<input type="checkbox"/> To all	<input type="checkbox"/> To Some	<input type="checkbox"/> No
	Plan Metrics	<input type="checkbox"/> To all	<input type="checkbox"/> To Some	<input type="checkbox"/> No

What percentage of time do your principals/practice leaders spend on the following: (Should total 100% of time)	% Marketing
	% Sales
	% Client Service
	% Operations
	% <u>Others</u>
	100%

Which of the following fiduciary services does your business offer?				Client Use (choose one)		
ERISA 3(21)	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%
3(38) Investments	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%
3(38) For Custom Models	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%
Fiduciary to Participants	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%
3(16) Administrative	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%
Fiduciary Training for Committee	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%

Which of the following investment services does your business offer?				Client Use (choose one)		
Menu Design	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%
IPS Development	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%
Compliance Oversight	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%
BD Model Portfolios	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%
In-Plan Retirement Income	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%
Target Date Funds	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%
CITS	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%
Managed Accounts	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%
Other, describe	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%

Which of the following consulting services does your business offer?				Client Use (choose one)		
Plan Design Consulting	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%
Vendor Fee/Service Benchmarking	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%
Vendor Issue Resolution	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%
Plan Data Clean up	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%
Vendor Search	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%
Vendor Transition Support	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%
ESOP Consulting	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%
HSA Consulting	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%
Total Benefits Consulting	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%
M&A Services	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%
Regulatory Services	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%
ERISA Services	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Bundled	<input type="checkbox"/> Yes, Separate Fee	All	50-99%	<50%

What is your total DC AUA: \$ What is your total DC revenue: \$ What is the total number of DC plans you manage: How many staff in your DC practice: How many principal/producers: How many of your staff are people of color: How many staff are under 30 years old: How many of your staff are women: How many are "career change" producers:	Will you provide fee schedules for 10 or more sponsors? <i>Yes No</i> Can we interview you about how you manage your practice? <i>Yes No</i> Will you complete the rest of this survey, which will require an additional 1 hour of your time and detailed revenue, staffing metrics and client experience metrics? <i>Yes No</i>
---	---

Thank you! Your survey responses have earned you a complimentary copy of the detailed report when it is completed. Please provide contact information to register and receive the final report.

Name:

Email:

Phone: