

Request for Proposal

Name:	
Title:	
Company/Organization Name:	
Address Street:	
Address Street:	
City:	
State:	
Zip Code:	
Telephone Number:	
Fax Number:	
Email Address:	
Number of employees:	
Number of participants:	
Dollar Amount of Assets in Plan:	
Approximate Annual Deposits per year:	
Type of Plan:	<input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b) <input type="checkbox"/> DB <input type="checkbox"/> PS <input type="checkbox"/> MP
What mutual funds or investment vehicles are currently in the plan?	
What is the name of your current TPA or Plan Administrator?	
Types of Contributions:	<input type="checkbox"/> Employee Deferrals <input type="checkbox"/> Employee Roth Deferrals <input type="checkbox"/> Employer Match <input type="checkbox"/> Safe Harbor Match <input type="checkbox"/> Safe Harbor Elective (3%) <input type="checkbox"/> Employer Profit Sharing
Are you part of a Controlled Group/Affiliated Service Group?	
What are your goals for your plan?	
Are these goals currently being met?	
What is your reason for wanting to change service providers?	

Please fax the request to 814-861-2009 or email to LRC@e-Lifestyle-Retirement.com.