



City of West Linn, Oregon
457 Deferred Compensation Plan

Request for Proposals for
Plan Administration and Record Keeping Services

RFP DISTRIBUTION DATE: November 18, 2019

DUE DATE FOR QUESTIONS: November 25, 2019 at 4:00 PM (Pacific Time)

DUE DATE FOR RESPONSE SUBMISSION: December 18, 2019 at 4:00 PM (Pacific Time)

Important Notice: If you received this solicitation from any source other than the Plan Sponsor's Consultant, you must request a copy directly from Hyas Group in order to receive answers as well as subsequent updates, amendments and/or other documents. Failure to contact the Consultant may result in the rejection of your offer.

I. OVERVIEW

The City of West Linn (hereinafter “City” or “Plan Sponsor”) is soliciting proposals from qualified firms (hereinafter “Proposing Firm(s)” or “Firm(s)”) to provide retirement plan administration, record keeping, education, communications, investment-related, and other services for the 457 Deferred Compensation Plan (hereinafter “Plan”).

The primary goals for this Request for Proposal (hereinafter “RFP”) process include the following:

- Enhancing participant retirement outcomes;
- Analyzing the overall competitiveness of the Plan;
- Providing for the integrated administration and reporting for the Plan;
- Offering the most appropriate investment menu;
- Improving participant education and communication services;
- Enhancing the formal education for the Deferred Compensation Committee (hereinafter “Committee”);
- Providing robust on-line transaction and information capabilities;
- Providing support for as many administrative functions as deemed appropriate;
- Evaluating alternative pricing structures, including scenarios that consolidate plans to one record keeper;
- Fee transparency and reducing participant and Plan expenses;
- Providing for an orderly and timely transition of assets and services if necessary; and
- Formalizing the recordkeeper/Committee working relationship.

The Plan is using a combination of administrative fees and revenue share to pay for recordkeeping and administrative services today. As part of this RFP, the Committee will explore the utilization of institutional, non-revenue share investment options and using an explicit participant fee to pay for recordkeeping and administrative services. This will allow for fee transparency and provide a more equitable distribution of Plan costs.

As part of this process, the City, is looking to develop a Deferred Compensation Plan Committee (hereafter “Committee”) to carry out the fiduciary duties and have discretionary authority over the administration of the retirement programs. The Committee will continue to monitor and evaluate the Plan on an ongoing basis through regular meetings.

All RFP responses received in good order will be reviewed by Hyas Group (hereafter “City’s Consultant”) and the Committee. The Committee carries out the fiduciary duties and has discretionary authority over the administration of the Plan.

II. RFP TIMELINE AND PROCESS

The City will adhere to, but reserves the right to change, the following schedule:

RFP issue date:	11-18-2019
Questions and clarifications from Proposing Firms due:	11-25-2019 - 4:00 pm PST
Response to questions and clarifications:	12-2-2019
Proposal due date:	12-18-2019
Finalist interviews:	Est. 2/2020

QUESTIONS AND CLARIFICATIONS

If any Proposing Firm contemplating submitting a proposal for the items or services listed herein is in doubt as to the true meaning of any part of this RFP, it may email its questions and/or requests for clarification to the City’s Consultant, Audrey White of Hyas Group, at awhite@hyasgroup.com by the above noted deadline. Interpretations, clarifications, modifications, and/or supplemental instructions will be emailed to those Proposing Firms that have been recorded as receiving the RFP document directly from the City’s Consultant. The date for answering questions is noted above.

Contacting City staff with questions or for information related to this RFP is prohibited and may disqualify your firm from consideration.

PROPOSAL SUBMITTAL

Proposals must be received on or before the date and time noted in section II. RFP Timeline and Process. Submit one (1) electronic version on a flash drive of the proposal to the City's Consultant at the following address. **Please be sure to provide the Questionnaire portion in Word format and include the entire Exhibit Folder in electronic form on the flash drive.**

Hyas Group
Attn: Audrey White, Senior Consultant
108 NW 9th Avenue, Suite 203
Portland, Oregon 97209

Re: City of West Linn 457 Deferred Compensation Request for Proposal

It is each Proposing Firm's responsibility to ensure that its proposal is received prior to the stated closing time. Proposals, modifications and withdrawals submitted after the stated submittal deadline shall not be accepted and shall be returned unopened. Facsimile and emailed proposals will not be accepted.

ADDENDA AND INTERPRETATIONS

The City may make changes to this RFP solicitation. Any interpretation or correction of the City specifications will be made only by addendum, duly issued by the City representative(s) and/or the City's Consultant as identified above. Copies of such addenda will be emailed to those Proposing Firms that have been recorded as receiving the RFP document directly from the City's Consultant. Oral or other interpretations, clarifications, or submittal instructions will be without legal effect. Proposing Firms shall not be allowed to take advantage of any errors in or omissions from the RFP. Full instructions will be given if such error or omission is discovered and called to the attention of the City in a timely manner.

COST OF PREPARING A PROPOSAL

Proposing Firms are solely responsible for all costs incurred in the submission or presentation of its proposal or in undertaking any necessary study for its preparation.

PROPOSAL VALIDITY PERIOD

Each proposal shall be irrevocable for a period of ninety (90) calendar days from the Proposal Submission Date.

PUBLIC DISCLOSURE

All responses, inquiries, and correspondence related to this RFP and all reports, charts, displays, schedules, exhibits, and other documentation produced by the Proposing Firms that are submitted as part of the proposal will become the exclusive property of the City when received by the Committee and may be considered public information under applicable law. Any proprietary information in the proposal should be identified as such. The City will not disclose proprietary information to the public, unless required by law. However, the City cannot guarantee that such information will be held confidential.

RESERVED RIGHTS

The City reserves the right to:

- > Reject any or all proposals not in compliance with all public procedures and requirements;
- > Reject any proposal not meeting the specifications of this RFP;
- > Waive any or all irregularities in proposals submitted;
- > Reject all proposals;
- > Negotiate services and cost within the scope of this RFP with the highest ranked Proposing Firm. In the event the City is unable to negotiate a contract with the highest ranked Proposing Firm, to commence contract negotiations with the next highest ranked Proposing Firm and to continue this process until a contract is executed;
- > Cancel this RFP at any time, for any reason;
- > Award any or all parts of any proposal; and
- > Request references and other data to determine responsiveness.

CONTRACT PERIOD

The contract term will be negotiated at the conclusion of this RFP process. Proposing Firms will be given opportunities in their response to this RFP to provide pricing information related to different term structures. The City reserves the right to sign any document necessary to protect prices, delivery schedules, interest rates and/or any other critical factor contained in the response to this RFP. No action will be binding on the City until a contract has been executed by all applicable parties.

III. PROPOSAL REQUIREMENTS

MINIMUM QUALIFICATIONS:

The City requires each Proposing Firm responding to this RFP to certify that it meets or agrees to the following criteria:

1. The Proposing Firm must have a minimum of five (5) years of experience administering governmental Section 457 deferred compensation plans and must currently provide sole-provider administration to a minimum of twenty-five (25) Section 457 deferred compensation retirement plans with an asset size between \$8 to \$10 million in each.
2. Proposing Firm must be able to pay the current contingent deferred sales charge of \$78,000 as of October 22, 2019 and amortize it costs over the course of the recordkeeping contract.
3. Any contract must stipulate that there will be no front-end charges and/or no back-end charges. In addition, there will be no restrictions or penalties associated with any Plan- or participant-initiated transfers or withdrawals (including contract termination), with the exception of capital preservation (stable value and/or Fixed or General Account) equity wash and/or put provisions, and/or mutual fund specific short-term trading fees.
4. The Proposing Firm must accurately and fully disclose all fund expense and revenue sharing arrangements associated with all funds being offered within the Plan. Fixed or General Account products will not be excluded from this requirement. Proposing Firms offering such products must provide an accurate assessment of product expenses and revenue remitted to the Proposing Firm.
5. The Proposing Firm must accurately and fully disclose all expenses and revenue associated with any service made available under the Plan. This includes services such as platform fees, managed accounts, investment advice, financial planning and/or self-directed brokerage accounts.
6. The Proposing Firm must agree, under contract, not to sell and/or promote products not directly affiliated with the Plan unless given specific, written authorization by the Committee to do so.
7. Upon award of the contract, the selected Proposing Firm must be duly qualified to do business in the State of Oregon and the City of West Linn.
8. The organization must be able to offer a self-directed brokerage option.
9. The Proposing Firm must be willing to have representatives attend Committee meetings in person as requested (no more than once per year).
10. The Proposing Firm must have knowledge of and comply with all applicable County, State of Oregon and federal regulations regarding governmental retirement plans and investment options. All applicable laws of the City and the State of Oregon, whether substantive or procedural, shall apply to this contract, and all statutory, charter, and ordinance provisions that are applicable to City contracts shall be followed with respect to this contract.
11. The terms outlined throughout this RFP process (within your response and any enhancements thereafter) must remain in place through negotiations and be part of the final contract unless specifically waived by the City in writing.

It is assumed that, by submitting a response to this RFP, your organization will conform to the Minimum Qualifications and specifications in every way (unless specifically adjusted/waived per written addendum).

Any questions or concerns related to Minimum Qualifications should be submitted following the instructions outlined in the Questions and Clarifications Section above. Proposing Firms must clearly indicate any requests for additions, modifications or deletions as part of this process. The City will respond to such submittals but does not guarantee any waiving of these minimum requirements.

REQUIRED DOCUMENTS:

Proposals must include the following, submitted as ordered below. If your proposal does not include all of the below items, it may be deemed non-responsive.

Cover Letter. The cover letter should not exceed two pages in length and must acknowledge that the Proposing Firm meets or agrees to the Minimum Qualifications stated above and has the ability to provide the requested services in the manner specified herein. It should be signed by an individual with authority to bind the Proposing Firm to the terms quoted in the RFP response.

Questionnaire. Respond to all questions and requests listed in the Questionnaire section of the RFP. Your response should use Calibri font size 10 pt. Your response excluding the cover letter and exhibit section should not exceed 50 pages. Some questions require a “yes” or “no” answer, while others require written responses. A response box for written answers including word limitations is provided. Do not exceed the word count or change the answer box size. Do not include any attachments, graphics or exhibits that is not specifically requested. Please provide a Word version of the Questionnaire response on the electronic medium (flash drive).

Electronic Exhibit Folder. There are numerous questions in the RFP Questionnaire that require a description and/or samples to be provided in a separate Proposing Firm Exhibit Folder. Please provide the entire Exhibit Folder in electronic medium (flash drive).

Responses to this RFP (within your response and any enhancements thereafter) and any other material submitted by the successful Proposing Firm shall be construed as one proposal and may be incorporated into the contract between the Committee and the Proposing Firm.

DESIGNATED POINT OF CONTACT:

All communications should be with the Consultant. Proposing Firms are prohibited from contacting the City. Any unauthorized contact related to this RFP is not permitted and may disqualify your bid. For purposes of addressing questions or clarifications concerning this RFP, the Designated Point of Contact will be the Committee’s Consultant at the Hvas Group as noted above.

INSURANCE:

Proof of insurance is not required to be submitted with your proposal but will be required prior to the City award of the contract.

IV. PLAN INFORMATION AND BACKGROUND

The City is a public agency with 115 benefit eligible employees. Employees are paid bi-weekly through one centralized payroll system and payroll is run bi-weekly for a total of 26 pay periods. The City utilizes an internal process for time sheet submission and payroll processing. There are approximately 5 separate locations/buildings located throughout the City (see table below), and, in terms of employee outreach, it would be expected that a record keeper representative visit three of these worksites twice a year as part of their initial and ongoing participant education efforts. This last point is important to the Committee and participants; on-site participant representative(s) delivering education and other services in-person and are highly-valued.

Location	Employees
Police Department	33
Public Works/Parks	26
Library	15
City Hall	40
Adult Recreation Center	1

The Plan is currently administered by three recordkeeping firms, which include ICMA-RC, MassMutual and Voya Financial. The Plan as of June 30, 2019 had 150 actively contributing participants and 51 non-active participants. Total assets as of this time period were \$7,590,403. Below are tables outlining Plan data by vendor. Note that “Active Accounts” means currently contributing.

As of June 30, 2019, there were 2 participants (representing approximately \$486,065 in assets) utilizing ICMA-RC’s managed account feature.

The Plan does not currently offer the Roth feature, the Committee regularly evaluates plan features and may decide to add it in the future. Therefore, there are questions related to the Roth feature within this RFP.

	As of 6/30/19	2018	2017	2016
ICMA-RC DATA				
Total Assets (\$)	\$2,865,768	\$2,669,090	\$2,985,399	\$2,522,844
Total Participant Accounts (#)	53	53	60	53
Total Active (currently contributing) Accts (#)	23	27	33	28
Total Deferrals (\$)	\$100,860	\$206,498	\$198,988	\$160,949
Total Roll-Ins (#)	-	-	-	-
Total Roll-Ins (\$)	-	-	-	-
Total Contributions (\$)	\$100,860	\$206,498	\$198,988	\$160,949
Total Accounts in Systematic Distribution (#)	7	13	12	12
Total Systematic Distributions (\$)	\$4,243	\$8,403	\$3,600	\$3,600
Total Accounts with Lump Sum Distributions (#)	1	12	12	14
Total Lump Sum Distributions (\$)	\$139	\$83,885	\$45,100	\$80,087
Total Annuity Purchases (#)	-	-	-	-
Total Annuity Purchases (\$)	-	-	-	-
Total Transfers to Proprietary IRAs (#)	-	-	-	-
Total Transfers to Proprietary IRAs (\$)	-	-	-	-
Total Roll-Outs (#)	-	6	-	1
Total Roll-Outs (\$)	-	\$282,145	-	\$16,300
Total Distributions (#)	8	25	24	26
Total Distributions (\$)	\$4,382	\$92,288	\$48,700	\$83,687
Total NET Cash Flow (\$)	\$96,478	\$114,210	\$150,288	\$77,262
Total Hardship Withdrawals Requested (#)	Not tracked	Not tracked	Not tracked	Not tracked
Total Hardship Withdrawals Requested (\$)	Not tracked	Not tracked	Not tracked	Not tracked
Total Hardship Withdrawals Approved (#)	-	-	-	-

ICMA-RC DATA	As of 6/30/19	2018	2017	2016
Total Hardship Withdrawals Approved (\$)	-	-	-	-

MASSMUTUAL DATA	As of 6/30/19	2018	2017	2016
Total Assets (\$)	\$1,397,607	\$1,261,977	\$1,088,415	\$1,025,175
Total Participant Accounts (#)	52	-	-	-
Total Active (currently contributing) Accts (#)	34	39	41	41
Total Deferrals (\$)	\$108,972	\$104,776	\$113,280	\$107,985
Total Roll-Ins (#)	-	-	1	-
Total Roll-Ins (\$)	-	-	\$16,571	-
Total Contributions (\$)	\$144,493	\$133,061	\$140,838	\$110,368
Total Accounts in Systematic Distribution (#)	2	2	2	2
Total Systematic Distributions (\$)	\$635	\$618	\$2,113	\$1,063
Total Accounts with Lump Sum Distributions (#)	1	3	3	2
Total Lump Sum Distributions (\$)	\$704	\$29,902	\$19,329	\$47,535
Total Annuity Purchases (#)	-	-	-	-
Total Annuity Purchases (\$)	-	-	-	-
Total Transfers to Proprietary IRAs (#)	-	-	2	-
Total Transfers to Proprietary IRAs (\$)	-	-	\$28,590	-
Total Roll-Outs (#)	2	-	-	1
Total Roll-Outs (\$)	\$96,300	-	-	\$22,194
Total Distributions (#)	5	5	5	5
Total Distributions (\$)	\$97,639	\$30,520	\$21,443	\$70,792
Total NET Cash Flow (\$)	-	-	-	-
Total Hardship Withdrawals Requested (#)	-	-	-	-
Total Hardship Withdrawals Requested (\$)	-	-	-	-
Total Hardship Withdrawals Approved (#)	-	-	-	-
Total Hardship Withdrawals Approved (\$)	-	-	-	-

VOYA DATA	As of 6/30/19	2018	2017	2016
Total Assets (\$)	\$3,327,028	\$2,674,690	\$2,861,880	\$2,197,388
Total Participant Accounts (#)	96	107	71	69
Total Active (currently contributing) Accts (#)	93	81	67	n/a
Total Deferrals (\$)	\$176,559	\$231,611	\$107,767	\$200,594
Total Roll-Ins (#)	4	5	2	-
Total Roll-Ins (\$)	\$60,212	\$327,717	\$265,544	-
Total Contributions (\$)	\$236,771	\$559,328	\$373,311	\$200,594
Total Accounts in Systematic Distribution (#)	1	-	-	1
Total Systematic Distributions (\$)	\$5,805	-	-	\$476
Total Accounts with Lump Sum Distributions (#)	4	4	5	2

VOYA DATA	As of 6/30/19	2018	2017	2016
Total Lump Sum Distributions (\$)	\$65,361	\$248,106	\$108,054	\$4,010
Total Annuity Purchases (#)	-	-	-	-
Total Annuity Purchases (\$)	-	-	-	-
Total Transfers to Proprietary IRAs (#)	2	-	-	-
Total Transfers to Proprietary IRAs (\$)	\$3,078	-	-	-
Total Roll-Outs (#)	1	5	-	-
Total Roll-Outs (\$)	\$97,466	\$701,910	-	-
Total Distributions (#)	12	11	5	2
Total Distributions (\$)	\$171,710	\$950,016	\$108,054	\$4,010
Total NET Cash Flow (\$)	\$65,061	(\$390,689)	\$265,256	\$196,584
Total Hardship Withdrawals Requested (#)	Unknown	Unknown	Unknown	Unknown
Total Hardship Withdrawals Requested (\$)	-	-	-	-
Total Hardship Withdrawals Approved (#)	-	-	-	-
Total Hardship Withdrawals Approved (\$)	-	-	-	-

INVESTMENT ALLOCATION INFORMATION

Attachment A includes tables of Plan investments and assets by vendor. The date of the data is noted in each table.

SELF DIRECTED BROKERAGE OPTION:

	ICMA-RC	MassMutual	Voya
Brokerage Provider	n/a	n/a	n/a
Brokerage Assets	n/a	n/a	n/a
Number of Accounts	n/a	n/a	n/a

MANAGED ACCOUNT SERVICE:

	ICMA-RC	MassMutual	Voya
Managed Account Provider	Morningstar	n/a	n/a
Total Assets	\$486,065	n/a	n/a
Total Participants	2	n/a	n/a

GUARANTEED MINIMUM WITHDRAWAL BENEFIT:

	ICMA-RC	MassMutual	Voya
Insurance Provider	Prudential	n/a	n/a
Total Assets	\$1,413	n/a	n/a
Total Participants	1	n/a	n/a

FIXED INCOME PRODUCT (6.30.19):

	Vantagepoint PLUS Fund R1	MassMutual	Voya Fixed 4550	Voya Fixed 4554	Voya Fixed Plus 4565/4566
2019 Net Crediting Rate:	1.67%	3.00%	4.00%	1.20%	3.00%
2018 Net Crediting Rate:	1.57%	3.00%	4.00%	1.20%	3.00%
2017 Net Credited Rate:	1.39%	3.00%	4.00%	1.20%	3.00%
2016 Net Credited Rate:	1.20%	3.00%	4.00%	1.40%	3.00%
Contracted Floor Rate:	N/A	3.00%	4.00%	1.00%	3.00%
Assets in Each Product:	\$417,367	\$391,673	\$777,181	\$231,590	\$253,689/\$0

WITHDRAWAL OR EARLY TERMINATION PROVISIONS:

ICMA-RC: There are no provisions other than a 12-month put on their stable value fund. Assets in stable value, if necessary, will be available for transfer on May 20, 2020.

MassMutual: There are no provisions except for a market value adjustment on The Hartford's General Account (Talcott Resolution). As of June 30, 2019, there is no market value adjustment and assets would not be incumbered.

Voya: The current contract has a declining 10-year contingent deferred sales charge (CDSC). As of October 22, 2019, the total amount of the CDSC was \$78,000. There are four Fixed Account Options with total assets of \$1,262,460 as of June 30, 2019. The following are the balances along with the noted liquidity restrictions:

	Balance	Liquidity
Fixed Account 4550	\$777,181	No restriction
Fixed Account 4554	\$231,590	No restriction
Fixed Account 4565	\$253,689	20% per year
Fixed Account 4566	\$0	20% per year
Short-Term GAA	\$2,373	Market Value Adjustment
Long-Term GAA	\$3,644	Market Value Adjustment

PLAN LOANS:

	ICMA-RC	MassMutual	Voya
Total dollar amount of outstanding loans	\$0	\$0	\$0
Total # of outstanding loans	0	0	0
Total # of unique participants with outstanding loans	0	0	0
Total # of loans in default	0	0	0
Total dollar amount of loans in default	\$0	\$0	\$0

PARTICIPANT EDUCATION:

	ICMA-RC	MassMutual	Voya
On-site Participant Consultant Meeting Days (2018/2017)	2/2	0/0	7/2
Number of Group Education Meetings (2018/2017)	0/1	0/0	2/2

V. EVALUATION PROCEDURES AND CRITERIA

The Committee, with the assistance of its Consultant, will review all proposals and evaluate all responses received in good order. Clarifications and/or additional information may be requested from Proposing Firms if needed for evaluation purposes. A selection may be made based on these RFP evaluation criteria alone or any combination of the Questionnaire evaluation criteria, references, and/or interviews. The City is under no obligation to accept the lowest-priced and/or the highest-ranked proposal and reserves the right to further negotiate services and costs any time prior to the execution of any contract. The City may also request changes to products, service models and/or pricing during this process.

INTERVIEWS:

The City may require interviews with a select list of Proposing Firms. If interviews are held, they will take place in West Linn, Oregon and are tentatively scheduled for February 2020. Failure to participate in the interview process may result in a Proposing Firm’s disqualification from further consideration. The Committee may also select the apparent successful Proposing Firm without conducting interviews.

REFERENCES:

The Committee and Consultant may also check the references of all Proposing Firms.

NOTICE OF RECOMMENDED AWARD:

The Committee will select the Proposing Firm deemed to be most beneficial to the Plan and participants based on the overall evaluation of the proposals (written proposal response, references and/or interviews). Final award will depend upon the negotiation and execution of an acceptable contract (which may be withdrawn by the City at any time prior to execution of the contract by the City and is subject to approval. The selected Proposing Firm and all other persons who submitted proposals will be notified of the selection when appropriate.

ACTION UPON FAILURE TO EXECUTE A CONTRACT:

In the event that a contract cannot be negotiated with the highest ranked Proposing Firm(s), negotiations will be discontinued and the Committee will start contract negotiations with the next highest ranked Proposing Firm. Nothing in this RFP shall restrict or prohibit the City from canceling the solicitation at any time.

VI. QUESTIONNAIRE

Responses are to be kept clear and concise. Questions that are marked with a (Yes/No) response require an explanation only if requested. If no explanation is requested, these questions will be recorded as a Yes/No response, and no consideration will be given to an explanation. For questions that do request an explanation, please be succinct in your response and limit any description to the primary and most important aspects related to the specific question/request.

A. FIRM STRENGTH, EXPERIENCE AND QUALIFICATIONS

A1. Provide a single main contact for all matters related to this RFP.

Name:	
Title:	
Address:	
City, State:	
Phone:	
E-mail:	

A2. Complete the chart indicating the year you were founded and began offering administration services:

Firm was founded:	
457 public sector plans:	
401 public plans:	
Healthcare trusts:	

A3. Complete the chart describing your business.

Public or privately held:	
Parent location:	
Business structure:	
Parent company name:	
Number of subsidiaries:	

A4. Complete the following chart showing total company revenue and retirement plan services revenue.

Year	Total Company Revenue (\$)	Retirement Plan Services Revenue (\$)
2018		
2017		
2016		
2015		

A5. List your insurance policies and limits applicable to the solicitation.

POLICY TYPE	Policy Limit	Deductible	Underwriter
Errors & Omissions			
Directors & Officers			
General Liability			
Financial Instl. Bond			
Cyber Security			
Workman Comp			
Auto			

A6. As of the RFP issue date, were there any discussions or pending agreements to purchase another organization, or to sell or merge any part of your organization? Any ownership changes in the last 5 years? (Yes/No) If yes, explain.

	Yes/No	Year	Brief Description (50 word limit per line)
Purchase:			
Merge:			
Sell:			
Ownership Changes:			

A7. Has your organization ever filed for bankruptcy or otherwise become insolvent? (Yes/No)

	Yes/No	Date
Bankruptcy		
Insolvent		

A8. If your organization or parent company has a credit rating, provide your ratings from the organizations listed below. For insurance companies, include the financial strength rating, as well as your counterparty credit rating. If rated by some other service, provide the organization name and rating. If your company and/or subsidiary unit is rated by an outside agency, provide only the most recent rating agency report and label it **Exhibit 1**.

Rating Organization	Financial Rating	Financial Strength Rating	Counterparty Credit Rating	Date of Last Rating
Fitch:				
Moody's:				
S&P:				
Other:				

A9. Provide the following key financial information for your company for their last two calendar or fiscal year end:

FINANCIAL METRICS	2018	2017
Total Revenue:		
Net Income:		
Current Ratio:		
Quick Ratio:		
Debt to Equity Ratio:		

A10. State whether the Proposing Firm is currently involved in any litigation, threatened litigation, investigation, reorganization, receivership, filing, strike, audit, corporate acquisition, unpaid judgments or other action that could have an adverse impact on your ability to provide the required needs as outlined in this RFP. (Yes/No) If yes, please describe the nature of the item and its potential impact on the Firm's operations.

Case and Number:	State Venue	Year Filed	Civil/Criminal	Litigation Amount	Status (pending/settled/closed)

Case and Number:	State Venue	Year Filed	Civil/Criminal	Litigation Amount	Status (pending/settled/closed)

Investigation(s)	Brief Description (limit 100 words)

Other(s)	Brief Description (limit 100 words)

A11. Has your parent company, organization or any of your local service representatives assigned to this account been cited, reprimanded or penalized by any regulatory agency within the past ten (10) years? (Yes/No) If yes, briefly describe.

Company/Individual Name(s)	Year	Regulatory Agency	Violation

A12. Has any subcontractor that would be part of the service delivery to this account been cited, reprimanded or penalized by any regulatory agency within the past ten (10) years? (Yes/No) If yes, briefly describe.

Contractor/Individual Name(s)	Year	Regulatory Agency	Violation

A13. Complete the following table with total number of employees represented by each:

TOTAL NUMBER OF EMPLOYEES (#)	2018	2017	2016	2015	2014
Firm employees:					
Working on DC plans:					
Solely serving public sector plans:					

A14. Complete the following table regarding plan usage for each:

Total assets invested in the Firm's proprietary investment products by DC plans for which you provide recordkeeping:	
Total assets invested in non-proprietary investment products within DC plans for which you record keep:	
Total assets invested in the Firm's Managed Account Program:	
% of governmental <u>plans</u> using managed accounts:	
% of governmental <u>participants</u> using managed accounts:	
Average govt. participant utilization rate as a % for those plans offering Managed Accounts:	

A15. Complete the following tables for Public Sector retirement plan clients you recordkept:

TOTAL ASSETS (\$)	YTD 6.30.19	2018	2017	2016	2015
All Defined Contribution					
457					
401(a)					
401(k)					
PST plans					
Healthcare Trusts					

TOTAL PARTICIPANTS (#)	YTD 6.30.19	2018	2017	2016	2015
All Defined Contribution					
457					
401(a)					
401(k)					
PST plans					
Healthcare Trusts					

A16. Complete the following tables for Public Sector 457 DC retirement plan participants you recordkept:

Data as of 2018	Total # of Plans	Total \$ Plan Assets	# of Sole-Provider Plans
Under 150 participants:			
150 to 500 participants:			
501 to 2,500 participants:			
2,501 to 5,000 participants:			
5,001 to 10,000 participants:			
Over 10,000 participants:			
TOTAL			

Data as of 2018	Total # of Plans	Total \$ Plan Assets	# of Sole Provider Plans
Under \$20 million:			
\$20 million to \$100 million:			
\$101 million to \$200 million:			
\$201 million to \$500 million:			
Over \$500 million:			
TOTAL			

A17. Complete the following tables for Public Sector 401(a) DC retirement plan participants you recordkeep:

Data as of 2018	Total # of Plans	Total \$ Plan Assets	# of Sole-Provider Plans
Under 150 participants:			
150 to 500 participants:			
501 to 2,500 participants:			
2,501 to 5,000 participants:			
5,001 to 10,000 participants:			
Over 10,000 participants:			
TOTAL			

Data as of 2018	Total # of Plans	Total \$ Plan Assets	# of Sole Provider Plans
Under \$20 million:			
\$20 million to \$100 million:			
\$101 million to \$200 million:			
\$201 million to \$500 million:			
Over \$500 million:			
TOTAL			

A18. Complete the following tables for Public Sector 401(k) DC retirement plan participants you recordkeep:

Data as of 2018	Total # of Plans	Total \$ Plan Assets	# of Sole-Provider Plans
Under 150 participants:			
150 to 500 participants:			
501 to 2,500 participants:			
2,501 to 5,000 participants:			
5,001 to 10,000 participants:			
Over 10,000 participants:			
TOTAL			

Data as of 2018	Total # of Plans	Total \$ Plan Assets	# of Sole Provider Plans
Under \$20 million:			
\$20 million to \$100 million:			
\$101 million to \$200 million:			
\$201 million to \$500 million:			
Over \$500 million:			
TOTAL			

A19. Complete the following tables for Public Sector Healthcare Trusts you recordkept:

Data as of 2018	Total # of Plans	Total \$ Plan Assets	# of Sole-Provider Plans
Under 100 participants:			
101 to 250 participants:			
251 to 500 participants:			
501 to 1,000 participants:			
1,001 to 5,000 participants:			
Over 5,000 participants:			
TOTAL			

B. RECORD KEEPING, CYBER SECURITY AND CUSTODY

RECORD KEEPING:

B1. Complete the table below regarding your recordkeeping system:

	Response
Is your recordkeeping system proprietary? (Yes/No):	
Used since:	
Number of participants on the system:	
Number of plans on the system:	
Is the system server-based or mainframe-based?	

B2. Provide a copy of the Firm’s SOC 1 and SOC 2 audit reports. Include copies in the Exhibit Folder and label it Exhibit 2.

B3. Provide control objective results from your most recent system audit, including number of exceptions or deviations noted. Include a copy in the Exhibit Folder and label it Exhibit 3.

B4. Will you provide access, with reasonable notice, to parties authorized by the Plan Sponsor for the purpose of performing any audit or reviews that are deemed necessary?

Yes No

B5. Are there particular file formats that must be utilized when submitting payroll contributions and loan deduction data to your Firm? List the formats.

Yes No

File Format Options	
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B6. What is the daily deadline time in the Plan Sponsor’s time zone for you to receive the contribution file and funds and complete the investment of those contributions into the appropriate fund(s)?

Daily time deadline	
----------------------------	--

B7. As it relates to your record keeping system, what is the timeframe for participants to report errors after discovery?

# of days to report error	
----------------------------------	--

B8. Will you agree to make participants and/or the Plan(s) whole for any and all record keeping and/or administrative errors within your control and is there any limit? (Yes/No)

Make participants/Plan whole for errors (Y/N)	
Dollar limit	
Time limit	

B9. Can your Firm tier the investment menu (meaning break up the core menu into sections with asset allocation funds in one tier and the core menu in another) on paper forms? (Yes/No) On the website/mobile? (Yes/No)

Paper forms: Yes No

Website/mobile: Yes No

B10. Does your Firm offer a Roth 457 account deferral feature? (Yes/No)

Yes No

B11. Does your Firm offer a Roth 457 in-service account conversion feature? (Yes/No)

Yes No

B12. If a participant is contributing to both traditional pre-tax and Roth after-tax, can they choose a different investment allocation for each (traditional versus Roth)? (Yes/No)

Yes No

B13. Does your self-directed option allow participants a traditional or ROTH account choice?

Yes No

B14. Does your self-directed option allow participant to have a traditional and ROTH account concurrently?

Yes No

B15. Do your participant statements show pre-tax and Roth after-tax contributions separately so participants can track these investments separately?

Yes No

B16. Is your Firm able to process salary deferrals in the form of both percentages and dollar amounts?

Yes No

B17. Is your Firm able to move to paperless enrollment? (Yes/No) If yes, please briefly describe the process and what would be required of the Plan Sponsor.

Yes No

Description: (100 word limit)	
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B18. Is your Firm able to move to paperless statements? (Yes/No) If yes, please briefly describe the process and what would be required of the participant(s).

Yes No

Description: (100 word limit)	
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B19. Could paperless statements be a default setting? (Yes/No)

Yes No

CYBER SECURITY:

B20. Briefly describe your data security process. Include a brief description of how access to participant data (current and archived) is controlled and monitored (i.e., who specifically can view participant account data, who can print this data, who can remove this data from your facility either on a laptop, flash drive, CD or as a printed report).

<p>Description: (300 word limit)</p>	
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B21. How often are your systems backed-up?

Frequency of back-ups	
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B22. Are your systems backed-up offsite and if so where are the location(s)?

Location 1:	
Location 2:	
Location 3:	
Location 4:	

B23. Do you encrypt data in storage and transit? What type of data is encrypted?

Yes No

<p>Type of data encrypted: (100 word limit)</p>	
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B24. How many system security breaches has your organization experienced in the last three years? How many were under the current system?

Number of breaches in 3 years	
Number on current system	

B25. Which external vendors and business partners for this procurement would you share participant information with?

Describe: (100 word limit)	
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B26. What participant information do you share with external vendors or business partners?

Describe: (100 word limit)	
---------------------------------------	--

B27. How frequently is the security of your data audited? State the date of the most recent verification and the party that performed it and provide a summary of the assessment outcome.

Frequency of audit	
Date of last audit	

Summary: (100 word limit)	
--------------------------------------	--

B28. What account security features do you offer to protect participant accounts?

Multi-factor log-in (yes/no)	
Unique (non-SS#) login (yes/no)	
Frequency of password changes	
Minimum Password length	

B29. If a participant account is breached, do you provide third party account monitoring services? Who is the vendor? What is the length of the service offered?

Do you provide third party service (Yes/No)	
Which vendor	
Length of service	

B30. What is your firm’s policy for reimbursing participants who have lost assets from their plan accounts due to cyber-security events (hacking, etc.) and/or fraudulent activity? Describe any limits on losses that may apply at the Participant or Plan level. Limit your response to 100 words.

Policy: (100 word limit)	
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CUSTODY:

B31. Who would provide trustee/custodial services to the Plan? What is the length of your relations with the trustee/custodial service provider?

Provider name	
Length of relationship	

B32. Provide a listing of the custodian’s insurance coverage in the specific categories provided in the table below.

POLICY TYPE	Policy Limit	Deductible	Underwriter
Errors & Omission			
Directors & Officers			
General Liability			
Financial Instl. Bond			
Cyber Security			
Workman Comp			
Auto			
Other(s)			

C. PARTICIPANT SERVICES

ON-LINE ADVICE / MANAGED ACCOUNT SERVICES:

C1. If requested, will your Firm offer an on-line advice and/or managed account service to the Plan Sponsor’s participants? (Yes/No) If yes, complete the table below.

	On-line Advice Service	Managed Account Service
Service provider:		
Name of service:		
Used since:		
Total number of public sector participants utilizing service:		
Total number of public sector plans utilizing service:		
Total amount of public sector assets in the service:		
Average participant utilization rate per plan:		

C2. Could the Plan Sponsor choose to exclude the managed account service and offer only online advice?
 Yes No

C3. Can your Firm offer managed accounts only to retirees and separated participants?
 Yes No

- C4.** Does your firm provide a managed account service that is specifically designed for retirees, including those who are taking distributions?
Yes No
- C5.** Does the distribution model used in the managed account service allow for distributions to be paid from a specific investment option (i.e., Stable Value)?
Yes No
- C6.** Will the representative(s) assigned to serve the Plan Sponsor’s participants provide counseling that includes using the on-line investment advice tool to help participants select an appropriate investment allocation?
Yes No
- C7.** Will your Firm, or the investment advice provider that you are partnered with, assume fiduciary responsibility for the investment advice given to participants?
Yes No
- C8.** If your Firm will partner with another firm to provide investment advice, internet-based or otherwise, will the Plan Sponsor be required to contract separately with that firm?
Yes No

COMMUNICATION AND EDUCATION:

- C9.** Will your Firm provide online investment advice with assistance provided by your on-site participant service representative(s)? For example, the on-site participant service representative would be expected to explain the online advice tool to the participant, perform the data entry, and generate and explain the output of the service in a one-on-one meeting.
Yes No

Number of annual meetings	
Total hours	
Are hours inclusive or exclusive to the participant education hours proposed	

- C10.** If applicable, what certifications, licenses and training are the individuals who provide participant investment advice required to obtain (e.g. Series, 7, 63, 65, insurance licenses, etc.)? Please only state required certifications and distinguish between local (on-site) participant representatives and home office (call center) participant representatives.

	On-Site (Y/N)	Call Center (Y/N)
FINRA Series 7		
FINRA Series 63		
FINRA Series 65		
CFP		
CFA		
Other(s)		

- C11.** Do any of these individuals assigned to this procurement have any U-4s or Disclosure Events listed with FINRA?
Yes No
- C12.** Will you offer participants comprehensive financial planning services?
Yes No

C13. If yes, will you offer participants comprehensive financial planning services through a Certified Financial Planner?
Yes No

C14. Do any of the individuals who provide financial planning services have any U-4s or Disclosure Events listed with FINRA?
Yes No

C15. Are you proposing any financial planning service day(s) as part of your bid?

Number of annual meetings	
Total hours	
Are hours inclusive or exclusive to the participant education hours proposed	

C16. How many on-site service representatives are being proposed for servicing this Plan Sponsor?

Number of on-site service representative(s)	
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C17. Describe the physical and personnel resources you will either provide to or need from the Plan Sponsor for on-site services such as office space, conference rooms and clerical/administrative support for meeting arrangements as relevant to the services provided.

Onsite resources: (100 word limit)	
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C18. Complete the following for the primary service representative that would be assigned to the Plan Sponsor to directly interact with participants.

	Representative #1	Representative #2
Name:		
Years at Firm:		
Years in industry:		
Location (City, State):		
Total number of client accounts serviced:		
Total assets serviced:		
Total number of participants serviced:		
Highest Academic degree Achieved:		
Professional Credential(s):		
FINRA/Insurance License(s):		
Typical work schedule (days and hours):		
Contracted turnaround time for returning emails and/or phone calls:		

C19. What FINRA/insurance licenses are required for on-site participant service representatives?

Required FINRA Series	
Required Insurance Licenses	

C20. Would the participant service representative work out of his/her house or an office?

Home Office Both

C21. Will the Plan Sponsor be able to participate in the selection of the on-site participant service representative(s) assigned to the account? (Yes/No)

Yes No

C22. How would your Firm handle a scenario where the Plan Sponsor was not satisfied with the personnel assigned to the account?

<p>Describe: (200 word limit)</p>	
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C23. Will you provide on-site, individual meetings and group sessions at sites and times specified by the Plan Sponsor?

Yes No

C24. Based on the Plan Sponsor’s demographic data and your Firm’s experience, complete the table below regarding your proposed on-site annual enrollment/education commitment. This response should be based upon the total hours and days that could be committed to under the services contract. If partial service days are considered in the proposal, the partial service days should not be counted as full days, but rather as their proportional equivalent of each day (for example: two half days equal one full day under the contract).

Proposed annual number of on-site service <u>hours</u>:	
Proposed annual number of on-site service <u>days</u>:	

C25. Complete the table on compensation structure for any employee, certified financial planner, and contractor (including the on-site participant service representatives) of your organization who would meet face-to-face with the participants and whether this compensation is one-time, recurring or varies based on the investments or products chosen by the participant.

	% Fixed Compensation	% Bonus	Employment Status (W2 Employee or 1099 Contractor)
Account representative			
Phone representative			
Education representative			
Investment advice representative			
Bonus payment criteria (50 word limit)			

C26. Are your on-site participant service representatives, plan sponsor representative, and/or any other employees given incentives to sell the following products or services: online advice, managed accounts, guaranteed minimum

withdrawal benefit options, IRA rollover, and/or managed payout options? (Yes/No) Complete the tables below. State additional products or services that apply.

Is Any Compensation Based on the Adoption of:	On-Site Rep	Plan Sponsor Rep	Other Employees
Fixed or General Account/Stable Value:			
Managed Accounts:			
Guaranteed Minimum Withdrawal Benefit:			
Managed Payout Options:			
Proprietary Mutual Funds:			
Roth or traditional IRA or Rollover IRA:			
Other Products:			

C27. Briefly describe how you measure and/or benchmark the impact your communication and education efforts have on participant behavior? Limit your response to 200 words.

<p>Measure/ Benchmark: (200 word limit)</p>	
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C28. Briefly describe your capability to track and report to the Plan Sponsor, on a quarterly basis, the success or effectiveness of various communication and education outreach campaigns. Limit your response to 200 words.

<p>Capabilities: (200 word limit)</p>	
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C29. Do you offer the following participant services:

	Yes/No
Retirement readiness scores or income gap analysis on statements:	
Retirement readiness scores or income gap analysis on web/landing page:	

Retirement readiness scores or income gap analysis on mobile devices:	
--	--

C30. Are you willing to conduct surveys to assess the success of any education program?
 Yes No

C31. If applicable, how frequently would you propose participant surveys be conducted? How frequently can the Plan Sponsor have participant surveys be conducted without incurring additional costs?

Frequency of surveys:	
Additional cost:	

C32. Will you provide the Plan Sponsor with any customized educational materials?

	Yes/No	Description
Website:		
Education booklets:		
Newsletters:		
Mailers:		
Participant statements:		
Mobile applications:		
Participant forms:		
Others:		

C33. Does your Firm provide educational services to participants through the use of webinars, including interactive webinars?
 Yes No

STATEMENTS/SYSTEM TECHNOLOGY:

C34. Do participant statements aggregate all account information if the employee were to have multiple plans/accounts with you?
 Yes No

C35. What external accounts, not held with your organization, can a participant aggregate into your system?

Explanation: (100 word limit)	
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C36. Does your system capture external account information at initial input? (Yes/No) *For example, participant enters initial external account data and upon subsequent log-ins, the external account data populates.*
 Yes No

C37. Can your system capture and include participant defined benefit plan information, in statements or in a retirement income calculation or gap analysis? (Yes/No)
 Yes No

C38. Do participant statements allow for a customized message from the Plan Sponsor?

Yes No

C39. Complete the chart regarding information available on participant statements.

PARTICIPANT STATEMENT	Yes/No	PARTICIPANT STATEMENT	Yes/No
Monthly fund performance:		Total assets:	
Quarterly fund performance:		Total ROTH assets:	
1-year fund performance:		Total outstanding loan amount:	
3-year fund performance:		Loan repayment detail:	
5-year fund performance:		Cash flow personal rate of return:	
10-year fund performance:		Expense ratios:	
Cash flow for quarter:		Defined benefit assets (if applicable):	
Roth deferrals for quarter:		Projected retirement income:	
Asset allocation:		Retirement readiness score:	

C40. Complete the chart regarding information available on participant statements. Fill in the requested number of business days.

How many days after quarter-end are statements mailed?	
How many days after quarter-end until statements are available online?	
How long are statements available?	

C41. Provide a sample quarterly participant account statement. Include this in the Exhibit Folder and label it Exhibit 4.

Yes No

C42. Can participants print on-demand account statements with self-selected time periods from your website?

Yes No

C43. Complete the following table regarding the information and transaction capabilities available to Plan participants through Phone Service Representatives (“PSR”), Voice Response Unit (“VRU”), Desktop Computer, and Mobile App. (Yes/No)

Participant Inquiry/Transactions (yes/No)	PSR	VRU	Computer	Mobile
Total account balance:				
Roth account balance:				
Account balance by fund:				
Roth account balance by fund:				
Investment elections:				
Deferral rate:				
Roth deferral rate:				
Contribution history:				
Transaction history:				
Withdrawal history:				
Loan application:				
Outstanding loan balance:				
Loan history:				
Loan modeling:				
Primary beneficiary designation:				
Secondary beneficiary designation:				
Fund performance:				
Specific investment advice:				
Automatic rebalance:				

Participant Inquiry/Transactions (yes/No)	PSR	VRU	Computer	Mobile
Paperless fund to fund transfers:				
Paperless future investment election change:				
Paperless enrollment:				
Paperless deferral/Roth deferral change:				
Prospectus request:				
Paperless loan application:				
Paperless term distribution:				
Investment advice online:				
Hardship application and status:				
Account distribution information:				
Projected retirement income:				
Mobile touch ID:	N/A	N/A	N/A	
Mobile text alerts:	N/A	N/A	N/A	
Mobile responsive design:	N/A	N/A	N/A	

C44. Except for investment advice/managed account offerings and self-directed brokerage options, are there any outside contractors or other vendors that would provide services to the Plan(s)?

Yes No

C45. Are participants able to enroll and make changes to their accounts by filling out a paper form?

Yes No

C46. Does the Plan Sponsor have the ability to create a custom participant message for posting on the Internet site?

Yes No

C47. Does your Firm provide for online participant loan applications?

Yes No

If yes, can the entire process be completed online?

Yes No

C48. What is the latest time that a participant can make an investment transfer request and be assured that the transaction will be processed at the end of that day? Time should be listed in the Plan Sponsor's time zone.

Latest time:

C49. Provide a test address and password in the table below for a representative participant website and/or mobile access experience.

	Sample Website	Sample Mobile
Web/Mobile address:		
Log-in:		
Password/security question:		
Expiration date:		

C50. Briefly explain how phone and website passwords are assigned and changed.

<p style="text-align: center;">Explanation: (200 word limit)</p>	
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C51. Once your Firm receives a participant distribution or rollover request, how long does it take, in business days, for a check to be mailed out?

Number of business days:

C52. Once your Firm receives a participant distribution or rollover request, how long does it take, in business days, for an electronic payment to be made to the participant’s outside account?

Number of business days:

C53. Can participants select their own periodic payment distribution dates?

Yes No

C54. Can these date(s) be changed once distributions have started?

Yes No

C55. Can participants specify a specific fund source and/or fund order for the distribution?

Yes No

C56. Can participants specify a specific tax source (e.g. pre-tax versus Roth) for the distribution?

Yes No

SERVICE CENTERS:

C57. Where are your customer service center(s) located? List hours of operation in Plan Sponsor’s time zone. Note: this office is not to be confused with any proposed local office.

Location	Days of Operation	Hours of Operation	Number of Reps

C58. What securities licenses are your customer service center representatives required to maintain? Provide your answer in the table below.

Licenses	Yes/No
Series 6:	
Series 7:	
Series 63:	
Series 65:	
Series 66:	
Insurance:	
Others (List):	

C59. Complete the following table regarding your call center and website:

Call Center/Website Stats	2018	2017	2016
Average call response time (min:sec):			
Average length of calls (min:sec):			
Number of dropped calls:			
% of transactions handled by VRU:			
% of transactions handled by Web:			
% of transactions handled by PSR:			
Call center personnel turnover rate:			

D. PLAN SPONSOR SERVICES

D1. Complete the table for any person who would work directly with the Plan Sponsor on a day-to-day basis, such as a regional field manager(s) or a relationship manager(s). Exclude education representatives.

	Representative #1	Representative #2
Representative's name:		
Years at firm:		
Years in industry:		
Location (City, State):		
Total number of accounts serviced:		
Total assets serviced:		
Total number of participants serviced:		
University degree(s):		
Professional credential(s):		
FINRA/insurance license(s):		
Work schedule (days and hours):		
Turnaround time for returning phone calls:		

D2. Will your Firm assign the Plan Sponsor a relationship manager that will serve as a single point of contact?

Yes No

D3. Would this employee attend meetings at Plan Sponsor offices as requested?

Yes No

D4. Will the Plan Sponsor be able to participate in the selection of this relationship manager assigned to the account?

Yes No

D5. How would your Firm handle a scenario where the Plan Sponsor was not satisfied with the relationship manager assigned to the account?

Explanation: (100 word limit)	
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D6. How frequently do you conduct client satisfaction surveys at the Plan Sponsor’s level? Are Plan Sponsor surveys done internally or outsourced to a third party? If done internally, who is responsible for conducting the surveys (i.e. relationship manager, etc.)?

Survey frequency:	
Internally or outsourced:	
Responsible for conducting survey:	

D7. Complete the table below regarding tasks an authorized Plan Sponsor staff member is able to accomplish on behalf of participants. If they are able to accomplish each task, list the format available as well as when any changes become effective.

TASK	Yes/No	Format (web, paper, etc.)
Change participant information:		
Designate date of termination online:		
View deferrals per participant:		
View account balance(s) as of a given date:		
View Plan statements per quarter:		
View YTD contributions per participant:		

D8. Complete the table below regarding reports you can provide to the Plan Sponsors.

Report	Frequency	Available in Paper (Y/N)	Available on Website (Y/N)
Participant Loans			
Payroll Contributions			
Plan Statement			
Plan Cash-Flow			
Investment Returns			
Lost Address			
Participant Eligibility			
Admin Allowance Account Transactions			
408(b)2 Fee Disclosure			

D9. Complete the table below to allow access to the demo plan sponsor website.

	Sample Website
Web/Mobile address:	
Log-in:	
Password/security question:	
Expiration date:	

D10. Indicate which administrative functions the Plan Sponsor may outsource, assuming they make use of all your administrative services and authorize your Firm to make approvals or otherwise perform. Once authorized, will the Proposing Firm carry out this function entirely without further Plan Sponsor staff involvement?

ADMINISTRATIVE FUNCTIONS	Completely Outsourced (Y/N)	Will You Carry Out Function (Y/N)
Qualified Domestic Relations Order (QDRO) review:		
QDRO approval:		
Emergency distribution review:		
Emergency distribution approval:		
Beneficiary change processing:		
Term distribution processing:		
Minimum required distribution processing:		
De minimis distribution processing:		
Plan document review/update:		
New participant loan applications and approval:		

D11. Complete the table below indicating the information and services you provide specifically to Plan Sponsors over the Internet.

SERVICES OVER THE INTERNET	Yes/No
Report writing capabilities:	
Payroll Deferral Posting Data:	
Participant Account Balance Information:	
Plan Account Balances by Fund:	
Indicative Data Changes:	
Withdrawal Request/Status Tracking:	
Total Outstanding Loan Balances:	
Total Number of Loans in Default:	

D12. Briefly describe when and how the Plan Sponsor and participants would be notified of loan default status, either while in service or post-separation. Be sure to include an explanation of what assistance you require from the Plan Sponsor in this regard.

<p>Description: (100 word limit)</p>	
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D13. Does an individual participant have the ability to make loan repayments after separating from service? If yes, indicate what sources other than payroll deduction are available.

Loan repayment after separation (Y/N)	
Other Payment Sources	

D14. Briefly describe your Firm’s participant loan administration processes and capabilities, including how a participant would apply for a loan and how the deduction information would be transmitted to the Plan Sponsor.

Description: (100 word limit)	
--	--

D15. Will your firm administer new plan loans taken out by a former employee (retired or separated) that will make loan repayments via ACH? (Yes/No) If yes, please provide any relevant details.
 Yes No

Details: (100 word limit)	
--------------------------------------	--

D16. In the past five (5) years, how many of your Firm’s public sector clients experienced participant loan defaults that were not reported to the Plan Sponsor and/or participant in a timely fashion, resulting in taxes not being paid in the correct year?

Number of plans experienced such events:	<input type="text"/>
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D17. Complete the table below regarding the percentage of public sector DC plans that offer automatic enrollment and/or a Roth deferral feature.

Year	% of Govt DC Plans with Auto Enroll	% of Govt DC Plans with Roth Deferral
2018		
2017		
2016		
2015		

D18. Do you need the Plan Sponsor to specifically identify whether a Plan participant is making regular contributions, pre-retirement catch-up contributions, and/or age 50+ catch-up contributions? (Yes/No for each contribution type)

CONTRIBUTION TYPE	Yes/No
Regular Contribution	
Catch-up Contribution	
50+ Catch-up Contribution	

D19. List any other administrative outsourcing services, not yet noted, that your Firm would make available to the Plan Sponsor.

Additional Outsourcing Services: (200 word limit)	
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- D20.** Are all communication and education services configured to comply (at a minimum) with the provisions of applicable federal law?
Yes No
- D21.** Although ERISA is not applicable to public sector plans, will you comply with the communication and education requirements of subdivision (c) of Section 1104 of Title 29 of the US Code, commonly referred to as Section 404(c), as a means of assuring that the Plan Sponsor meets its fiduciary responsibilities?
Yes No
- D22.** Does your Firm apply the US Department of Labor (DOL) plan sponsor and participant regulations requiring fee disclosure to plan sponsors and participants in non-ERISA-governed plans? If yes, please include a sample in the Exhibit Folder and label it Exhibit 5.
Yes No
- D23.** Are you willing to indemnify and hold the Plan Sponsor harmless from any legal claims and actions arising out of the educational activities you provide to Plan participants. If no, briefly explain.
Yes No

Explanation: (100 word limit)	
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- D24.** Will you provide legal assistance and compliance to assure the Plan(s) operate in compliance with current and future Internal Revenue Code provisions?
Yes No
- D25.** How will you inform the Plan Sponsor of actual or contemplated changes in laws or regulations that would impact the Plan(s)?

Description: (100 word limit)	
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D26. Will your Firm provide and maintain model plan documents for the Plan Sponsor for the Plan(s)?
Yes No

D27. Does your Firm provide a plan sponsor newsletter?
Yes No

E. INVESTMENT FLEXIBILITY

E1. Will you require the use of a proprietary option to secure any enhanced pricing offered under this bid? If yes, please name the product(s).
Yes No

Required Proprietary Product Name

E2. Provide the crediting rate formula for the proposed capital preservation investment option(s) (stable value, General or Fixed Account, etc.). Illustrate the current rate using this formula.

E3. For the proposed capital preservation investment option(s), provide quarterly investment returns, net of management and wrap fee, for the last 10 years.

Year	1Q	2Q	3Q	4Q
2018				
2017				
2016				
2015				
2014				
2013				
2012				
2011				
2010				
2009				
2008				

E4. Are the returns for the Capital Preservation Option GIPS compliant?
Yes No

E5. Are the returns for the Capital Preservation Option audited?
Yes No

E6. Provide the market-to-book value ratio (or formulaic equivalent adjustment factor) for the proposed capital preservation investment option(s) and the net of fee crediting rate for each of the following years:

Year	MV:BV Ratio	Net Annualized Crediting Rate	Year	MV:BV Ratio	Net Annualized Crediting Rate
9.30.19			2013		
2018			2012		
2017			2011		
2016			2010		
2015			2009		
2014			2008		

E7. For the proposed capital preservation investment option(s), provide the most recent attribution sheet that shows the current portfolio breakdown by sector along with any and all wrap providers. Include this in the Exhibit Folder and label it Exhibit 6.

E8. As applicable, provide a list of the fixed/stable value option wrap providers for any proprietary products and indicate whether or not they are currently providing additional wrap capacity.

Wrap Provider Name	Additional Wrap Capacity (Y/N)	S&P Credit Rating	% of Portfolio Wrapped	Wrap Fee (%)

E9. Describe the liquidity provisions for the proposed capital preservation investment option(s).

Participant Liquidity: (50 word limit)	
Plan Sponsor Liquidity: (50 word limit)	

E10. At the end of the recordkeeping contract termination where you or your capital preservation is not retained, explain the plan level liquidity for each proposed product?

Product	Investment Type*	Book Value Liquidation (Y/N)	Put Period in Months	Market Value Liquidation (Y/N)	Securities In-kind (Y/N)

*General Account, Separate Account, Commingled Stable Value, Money Market

E11. If applicable, state the market value adjustment formula that will apply to the capital preservation product(s) that your firm has proposed under enhanced pricing. Briefly describe as needed.

Formula: (100 word limit)	
--------------------------------------	--

E12. What benchmark is used to evaluate the performance of the proposed capital preservation investment option(s)?

Product(s)	Benchmark

E13. Provide a list of ten non-revenue share stable value/capital preservation products that are available through your investment platform.

Product Name	Expense Ratio	Current Net Credit Rate	Proprietary (Y/N)

E14. State the floor rate and contract term for any proposed stable value fund or fixed option

Product	
Floor Rate	
Contract Term	

Product	
Floor Rate	
Contract Term	

E15. For any product that has a put provision, will you allow the Plan Sponsor to provide notice of possible liquidation in advance of any formal decision? For example, could the Plan Sponsor ask you to begin the put notification period and then elect at a later time to keep the fund prior to any actual liquidation and without any charge to the Plan and participants?

Yes No

E16. For all investment options on your platform, do you have restrictions on the number of trades a participant may make in a month, quarter, and year?
Yes No

E17. Can your organization apply short-term trading restrictions and redemption fees?
Yes No

E18. Is it your practice to apply these restrictions and fees in accordance with the fund company's policies?
Yes No

E19. Are participants notified if a trade or transfer they are making will have a redemption fee assessed?
Yes No

E20. How many days will it take for you to add or remove a fund from the Plan Sponsor's Plan(s) once you have been given instructions?

Number of days:

E21. Are fund additions and deletions subject to any monthly, quarterly or annual schedule? If yes, define the schedule.
Yes, Monthly Quarterly Annually

No

E22. Briefly describe any restrictions to adding new funds to your platform.

Description: (200 word limit)	
--	--

E23. Do you receive compensation from fund companies outside of your revenue share agreements?
Yes No

E24. How many fund companies provide compensation to your firm that is separate from revenue share?

Number of Fund Companies:

E25. Will you process non-NSCC eligible investment options and are there any fees for this?
Yes No

Additional Fee:

E26. Provide a list of the investment options available through your proprietary and alliance networks. This list should include ticker symbols, expense ratios and revenue share information available for every fund. Segment the list by asset class. Provide this report in an Excel spreadsheet and include this in the Exhibit Folder and label it Exhibit 7.
Yes No

E27. Answer Yes/No in the table below to indicate your Firm's ability to provide record keeping for the Plan Sponsor options that may include:

PRODUCT NAME	Yes/No
Non-proprietary Commingled Trust Investment:	
Non-proprietary General Account:	
Non-proprietary Separate Account:	
Non-proprietary Annuity/Guaranteed Retirement Income Products:	

Additional Fee:	
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E28. Do you currently offer a guaranteed minimum withdrawal benefit (GMWB) product?

Yes No

Product Name:	
Investment Cost:	
Insurance Cost:	
Portable to another recordkeeper:	

E29. If you answered "Yes" to the question above, will you allow other third-party administration (TPA) companies to record-keep your GMWB product? If yes, please identify the TPA firms that are providing your GMWB product to defined contribution plans today.

TPA Firms

E30. Will your Firm record keep the guaranteed minimum withdrawal benefit products provided by other firms? (Yes/No). If yes, please list the GMWB products of other firms that are available on your platform today.

Yes No

Product Name

E31. Do you offer a self-directed brokerage account (SDBA) option? (Yes/No)

Offer SDBA (Y/N):	
Online Brokerage Company:	

E32. Answer yes/no in the following grid as it relates to the SDBA.

	Can be traded? (Yes/No)	Can be restricted? (Yes/No)
Stocks:		

	Can be traded? (Yes/No)	Can be restricted? (Yes/No)
Bonds:		
ETFs:		
Mutual Funds:		
Options:		
Other Derivatives:		
Closed-end LPs:		

E33. Do you have the ability to restrict the amount of assets a participant is able to hold within the SDBA? (Yes/No)

Yes No

E34. Is there a minimum account balance that must be maintained in the core investment menu? (Yes/No) If so, what is the dollar amount or percentage?

Yes No

Minimum Amount:

E35. Briefly discuss the process of moving assets to/from the core account, and any restrictions in trading frequencies or timing that may be imposed in the SDBA.

Asset Transfers: (100 word limit)	
Restrictions in trading frequency and timing (100 word limit)	

E36. Are participants able to defer directly to the SDBA?

Yes No

E37. Briefly describe how Roth assets are handled within the SDBA.

Describe: (200 word limit)	
---------------------------------------	--

E38. Can participants separately designate the transfer of either pre-tax or Roth after-tax dollars to the SDBA?

Yes No

E39. Will the pre-tax and Roth after-tax contributions and earnings show separately on participant SDBA statements?

Yes No

E40. Briefly describe what information your quarterly statements include regarding specific transactions conducted in the SDBA.

Describe: (100 word limit)	
---------------------------------------	--

E41. Do you require a participants to maintain a balance in the core investment menu? (Yes/No) If so, what is the minimum dollar amount or percentage of assets.

Yes No

Minimum Amount or Percentage	
-------------------------------------	--

E42. Provide a sample participant statement that your recommended SDBA partner would provide to participants. Include this in the Exhibit Folder and label it Exhibit 8.

Yes No

F. TRANSITION

F1. Include a one-page transition plan assuming your contract starts on January 3, 2020. Include this as Exhibit 9.

F2. How many plans has your Firm transitioned from other providers listed below?:

CLIENT TRANSITION	YTD 9.30.19	2018	2017	2016	2015	2014
Under \$20 million:						
\$20 million to \$100 million:						
\$101 million to \$200 million:						
\$201 million to \$500 million:						
Over \$500 million:						
Total						

F3. What is the least amount of time needed for you to do a transition? What is the typical amount of time?

Least amount of time (#days):	
Typical (#days):	

F4. Will you guarantee your stated implementation timeframe? (Yes/No)

Yes No

F5. Will you offer the Plan Sponsor a dedicated transition management team? (Yes/No) If yes, briefly describe the team members and their roles in the following table.

Yes No

Team member	Role	# of prior plans transitioned from current record keeper

F6. Based on the Plan Sponsor’s demographic data and your Firm’s experience, complete the table below regarding your proposed on-site education/communication commitment for the transition period. This response should be based upon the total hours and days that could be committed to under the services contract. If partial service days are considered in the proposal, the partial service days should not be counted as full days, but rather as their proportional equivalent of each day (for example: two half days equal one full day under the contract).

Proposed number of transition service <u>hours</u>:	
Proposed number of transition service <u>days</u>:	
Are the hours/days in addition to onsite education commitments noted in Section C:	

F7. Briefly describe how you will handle accounts already in systematic distribution during a Plan transition?

Describe: (100 word limit)	
---------------------------------------	--

F8. Briefly describe your approach to communicating with retired or otherwise separated employees.

Describe: (100 word limit)	
---------------------------------------	--

F9. Briefly describe how emergency distribution requests will be handled during the blackout.

Describe: (100 word limit)	
---------------------------------------	--

F10. How many days do you anticipate the entire blackout period lasting on your system? How many days in total?

Blackout on your system:	
Total blackout days:	

F11. Briefly describe any transactions that would be prohibited during this period?

Describe: (100 word limit)	
---------------------------------------	--

F12. How long will participant assets be out of the market during the transition?

Total number of days:	
------------------------------	--

F13. Are you able to transfer any of the Plan assets/shares in-kind?

Yes No

F14. Are you able to transfer self-directed brokerage assets?

Yes No

G. Fees and Expenses Proposal

G1. Complete the table below, showing your firm’s proposed annual fee, on a per-participant, fixed dollar fee for providing record-keeping, administration, participant services, plan sponsor services, and on-site education and counseling for the Plan(s) assuming the use of no proprietary products. It should be noted that while the Plan Sponsor is interested in longer term pricing, purchasing requirements may stipulate that the maximum term available is limited to five years. Thus, any seven- and ten-year pricing offers carry an assumption that the Plan Sponsor extends its contract with your firm at the appropriate time and the risk that the Plan Sponsor does not extend.

PER HEAD FEE, NO PROPRIETARY PRODUCTS

CONTRACT TERM	457 Plan (No CDSC)	457 Plan (With CDSC)	Extended term* (Y/N)
5 year			-
7 year			
10 year			

* Willing to offer pricing without guaranteed extended term

G2. If your firm is willing to provide enhanced pricing based on the use of any proprietary products or services, such as (but not limited) to a specific stable value/general account option, advisory/managed account services, and/or brokerage option, please state what your fee would be on a per-participant, fixed dollar basis with the use of any such proprietary offerings and state the required product(s) or service(s).

PER HEAD FEE, WITH PROPRIETARY PRODUCT(S)

CONTRACT TERM	457 Plan (No CDSC)	457 Plan (With CDSC)	Extended term* (Y/N)	Proprietary product(s) or service(s)
5 year			-	
7 year				
10 year				

* Willing to offer pricing without guaranteed extended term

G3. Complete the table below, showing your firm’s proposed annual fee, as a percentage of plan assets, for providing record-keeping, administration, participant services, plan sponsor services, and on-site education and counseling for the Plan(s) assuming the use of no proprietary products. It should be noted that while the Plan Sponsor is interested

in longer term pricing, purchasing requirements may stipulate that the maximum term available is limited to five years. Thus, any seven- and ten-year pricing offers carry an assumption that the Plan Sponsor extends its contract with your firm at the appropriate time and the risk that the Plan Sponsor does not extend.

ASSET BASED FEE, NO PROPRIETARY PRODUCTS

CONTRACT TERM	457 Plan (No CDSC)	457 Plan (With CDSC)	Extended term* (Y/N)
5 year			-
7 year			
10 year			

* Willing to offer pricing without guaranteed extended term

- G4.** If your firm is willing to provide enhanced pricing based on the use of any proprietary products or services, such as (but not limited) to a specific stable value/general account option, advisory/managed account services, and/or brokerage option, please state what your fee would be on a percentage of plan asset basis with the use of any such proprietary offerings and state the required product(s) or service(s).

ASSET BASED FEE, WITH PROPRIETARY PRODUCT(S)

CONTRACT TERM	457 Plan (No CDSC)	457 Plan (With CDSC)	Extended term* (Y/N)	Proprietary product(s) or service(s)
5 year			-	
7 year				
10 year				

* Willing to offer pricing without guaranteed extended term

- G5.** Would you include the accounts and/or assets invested through the SDBA in the calculation of the revenue requirement provided? (Yes/No)
 Yes No

- G6.** If the Plan Sponsor uses your Firm’s contract, describe your termination language (at-will versus for cause, required advance notice timing for termination, etc.).

<p>Describe: (200 word limit)</p>	
--	--

- G7.** State which products (General Account, Self-Directed Brokerage, Managed Accounts, etc.) are not subject to your revenue requirement, if any.

Describe: (100 word limit)	
---------------------------------------	--

G8. Provide a fee schedule for the self-directed brokerage account (SDBA) option. Be sure to include set-up and maintenance fees as well as trading costs.

Brokerage Fee	Fees
Set-up Fee:	
Annual Maintenance Fee:	

Trading Costs	Online	Broker Assisted
Per Stock Trade:		
Per Bond Trade (cost range):		
Per Mutual Fund Trade (cost range):		

G9. Do you receive revenue from the SDBA option? (Yes/No) What revenue do you receive from the SDBA option?
 Yes No

Amount of revenue as a (%)	
-----------------------------------	--

G10. Would you include the revenue received for SDBA assets in the revenue calculation? (Yes/No)
 Yes No

G11. If applicable, will your Firm credit all revenue received from assets invested in the SDBA back to the participant accounts associated with the SDBA investment? (Yes/No)
 Yes No

G12. Are you able to apply a Plan Sponsor-imposed administrative fee in addition to your fee? (Yes/No)
 Yes No

G13. Are you able to apply the Plan Sponsor-imposed administrative fee to all assets including self-directed brokerage? (Yes/No) If no, describe the process for billing SDBA assets in this regard.
 Yes No

Describe: (100 word limit)	
---------------------------------------	--

G14. With regard to financial planning, provide a fee schedule for any related services.

Fee Schedule: (100 word limit)	
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G15. Describe the fee, if any, for providing investment advice, be it through the on-site representative using an online tool, or through the representative using some other program or approach.

Describe: (100 word limit)	
---------------------------------------	--

G16. Are fees for a financial planning service proposed by your Firm assessed to the entire participant population or only to those who use the service?
 Entire population Those who use it

G17. Please provide a fee schedule for your online advice and managed account program. Please also indicate whether or not the revenue for these programs would apply towards any revenue or pricing requirements.

MANAGED ACCOUNT ASSET RANGE	Opt-in Only Fee Schedule

% Revenue applied toward recordkeeping fee	
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G18. Provide a list of all other non-asset based, participant-related administration expenses..

PARTICIPANT ADMINISTRATION SERVICES	Cost of Services (\$)
Loan set-up:	
Loan maintenance:	
In-service withdrawals:	
Emergency withdrawals:	
Required minimum distributions:	
QDRO determination:	
QDRO processing:	
Stop payment:	
Replacement 1099-R:	
Wire transfer/EFT:	
Disbursements:	

SERVICES	BENCHMARK	AMOUNT AT RISK
Plan participation rate increases:		
Deferral rate increases:		
	TRANSITION	
Timeline:		
Deliverables:		
On-site meetings:		
	ADMINISTRATION	
Contribution posting:		
Withdrawals processed:		
Emergency withdrawals processed:		
Rollovers/transfers out:		
Loan processing (if applicable):		
	PLAN SPONSOR SERVICES	
Report delivery:		
Training:		
	OVERALL SATISFACTION	
Draft and distribute survey:		
Satisfaction survey score:		

- G22.** Will you agree to provide reports to the Plan Sponsor that detail all service performance benchmarks and whether or not they are being met? (Yes/No) If yes, how frequently are the reports available?
 Yes No

Frequency:

- G23.** As it pertains to the performance guarantees referenced above, have you ever had to make payments to any clients for failure to perform on these types of guarantees? (Yes/No) If yes, please state how many times over the last three (3) years such payments have been made.
 Yes No

of times payments made:

FEE ADMINISTRATION

- G24.** If the final investment line-up selected were to generate some amount of revenue sharing, will you rebate any and all revenue above the contracted amount? (Yes/No) If yes, when or how frequently would this rebate occur (monthly or quarterly)?
 Yes No

Frequency:

- G25.** If the Plan Sponsor desires to assess participants a Plan Sponsor-imposed asset-based fee to offset Plan administration-related expenses, will your Firm assess this fee on behalf of the Plan Sponsor and return those collected fees to the Plan(s) as they are collected? (Yes/No) If yes, briefly describe, addressing the frequency of the fee and how it would be calculated and assessed.
 Yes No

Describe: (100 word limit)	
---------------------------------------	--

G26. What are the Plan Sponsor’s options in terms of the setup of the account to hold such assets, and in what investment may the assets be invested? Does this investment option have to be on the core menu?

Account option(s)	
Investment Choice(s)	

G27. Does this investment option have to be on the core menu? (Yes/No)
 Yes No

G28. Will your Firm hold onto these assets in the plan/trust? (Yes/No) If yes, briefly describe how the Plan Sponsor would access the assets held in this account?
 Yes No

Describe: (100 word limit)	
---------------------------------------	--

G29. Will you provide an account statement report no less than quarterly for the Plan Sponsor Account? (Yes/No)
 Yes No

G30. Will the statement label all cash flows and dates of each transaction? (Yes/No)
 Yes No

G31. Will your Firm, if directed, apply a hard dollar annual per participant fee cap? (Yes/No)

For example: The plan sponsor may wish to assess participants a plan administration fee of 0.10% of assets, but only to a maximum of \$150 per year. (Participant with over \$150,000 in assets would pay a maximum of \$150 and the 0.10% would not be applied to balances greater than \$150,000.)

Yes No

G32. Will your Firm, if directed, credit revenue share from the investment providers towards offsetting any per-participant plan administration fee? (Yes/No)
 Yes No

G33. Will your Firm, if directed, return revenue share from investment providers in a pro-rata fashion directly back to the participants who had invested in those funds each quarter, if so directed by the Plan Sponsor? (Yes/No)

For example: Participant A invests in Fund A and Fund B. Fund A generates 0.25% in revenue share annually and Fund B generates 0.15% annually. Participant A holds 0.5% of the Plan's total investment in Fund A and 0.5% of the Plan's total investment in Fund B. Each quarter 0.5% of the revenue received or credited from Fund A would be reimbursed into Participant A's account and 0.5% of revenue from Fund B would be reimbursed into Participant A's account. Other participants with different proportionate shares of the Plan's total investments in Fund A and Fund B would receive different reimbursements in accordance with their proportional share of those funds.

Yes No

- G34.** Will your Firm apply different revenue share rebate credits and/or administrative fee offsets at the participant level as applicable to each fund? (Yes/No)

For example: A participant invests in Fund A, Fund B and Fund C. Fund A generates 0.25% in revenue share annually, Fund B generates 0.10% annually and Fund C generates no revenue sharing. The plan sponsor has elected to assess all participants a 0.10% administrative fee annually that can be partially or fully offset by any fund revenue sharing. Accordingly, participant assets that are invested in Fund A that shares 0.25% would receive an account credit of 0.15% based on the assets in Fund A; participants in Fund B would receive no credit and no applicable administrative charge assessed to the assets in Fund B; and participants in Fund C would be charged the full 0.10% on the assets invested in Fund C.

Yes No

- G35.** As a requirement to contract with the Plan Sponsor, will you commit in writing to specifically disclosing all revenues received from the investment options and services you offer to the Plan Sponsor? (Yes/No)

Yes No

- G36.** The Plan Sponsor may be exploring different fee collection models from participant accounts. Is your Firm able to implement a hybrid model where fees are collected on both a per-head fee and an asset-based fee? (Yes/No)

Yes No

- G37.** Is your Firm able to implement a minimum fee cap where smaller accounts do not pay an additional administrative tack-on fee? (Yes/No)

Yes No

- G38.** Is your Firm able to implement a maximum fee cap where larger accounts do not pay an additional administrative tack-on fee once they hit a breakpoint? (Yes/No)

Yes No

- G39.** Will your firm provide a Plan Sponsor Admin Account report detailing all transactions as frequent as monthly and no less than quarterly? (Yes/No)

Yes No

- G40.** Will your firm provide a description of each transaction in the Plan Sponsor Admin Account report? (Yes/No)

Yes No

H. REFERENCES

Current Governmental Client References

Provide the following information for six (6) governmental employers with plan assets of \$10 million for which your Firm presently provides **457 Plan** record keeping and plan administration services. Select a contact person for each plan who has managerial/committee member responsibilities associated with the plan.

Client name:	
Contact name & title:	
Contact phone number:	
E-mail address:	
Plan inception date:	
Total plan assets:	

Client name:	
Contact name & title:	
Contact phone number:	
E-mail address:	
Plan inception date:	
Total plan assets:	

Client name:	
Contact name & title:	
Contact phone number:	
E-mail address:	
Plan inception date:	
Total plan assets:	

Client name:	
Contact name & title:	
Contact phone number:	
E-mail address:	
Plan inception date:	
Total plan assets:	

Client name:	
Contact name & title:	
Contact phone number:	
E-mail address:	
Plan inception date:	
Total plan assets:	

Client name:	
Contact name & title:	
Contact phone number:	
E-mail address:	
Plan inception date:	
Total plan assets:	

Former/Terminated Client References

Provide the following information for four (4) governmental employers for which your Firm has, in the last five years (but does not presently), provided **457 Plan** record keeping and plan administration services. Provide a contact person who has/had managerial/committee member responsibilities associated with the plan.

Client name:	
Contact name & title:	
Contact phone number:	
E-mail address:	
Plan inception date:	
Total plan assets:	

Client name:	
Contact name & title:	
Contact phone number:	
E-mail address:	
Plan inception date:	
Total plan assets:	

Client name:	
Contact name & title:	
Contact phone number:	
E-mail address:	
Plan inception date:	
Total plan assets:	

Client name:	
Contact name & title:	
Contact phone number:	
E-mail address:	
Plan inception date:	
Total plan assets:	

Transition References

Provide the following information for four (4) governmental 457 plans with plan assets of \$10 million each, for which you have performed an incoming plan asset and participant date transition within the past three years. Select a contact person at each client that was directly involved with the transition process.

Client name:	
Contact name & title:	
Contact phone number:	
E-mail address:	
Plan inception date:	
Total plan assets:	

Client name:	
Contact name & title:	
Contact phone number:	
E-mail address:	
Plan inception date:	
Total plan assets:	

Client name:	
Contact name & title:	
Contact phone number:	
E-mail address:	
Plan inception date:	
Total plan assets:	

Client name:	
Contact name & title:	
Contact phone number:	
E-mail address:	
Plan inception date:	
Total plan assets:	

VII. ATTACHMENTS

Attachment A: Breakdown of Current Plan Assets by vendor