Clear

RETIREMENT SERVICES

ADP **Accelerate**

Client Profile Builder

Always Designing for People®

I. CLIENT INFORMATION

Plan sponsor name: ______

Organization name: ______

Address: ______ City: ______ State: ______ Zip: ______

Phone: (O) ______ (C) ______ Email: ______

Plan assets: ______ Total number of employees: ______ Average no. of participants in plans: ______

Number of locations: ______ ADP Payroll: ☐ Yes ☐ No

Current retirement plan recordkeeper: ______

What are your top three goals for the organization in the coming year?

1. ______ 2. ______ 3. ______

Do you prefer video conferencing or in-person meetings? ☐ Video/audio ☐ In-person ☐ Other ______

II. ADMINISTRATION/COMPLIANCE

What are your top three administrative and compliance concerns?

1. ______ 2. ______ 3. ______

Do you currently use a TPA? If so, which one? ______

Do you offer other plans to employees: ☐ ESOP ☐ Cash Balance/DB ☐ MEP ☐ 403b ☐ Other

Would you be interested in providing additional administration support and compliance projection (3(16) services)? ☐ Yes ☐ No

Do you work with any centers of influence (COIs)? ☐ Yes ☐ No

If so, who? ______

Do you typically need assistance around census data and reporting? ☐ Yes ☐ No

How often are you getting visibility to your plan health and internal/external fees? ______

III. EDUCATION

What type of education support are you getting today? How often do you see your current advisor if you have one?

______

Do you typically look to your advisor to help with all or some of the education and enrollment for participants? ☐ Yes ☐ No

Who is taking your employees through enrollment materials and answering questions? ____________________

Do you struggle with low participation? ____________________

Would it be helpful to have all enrollment materials shipped directly to you and give the ability to have mobile enrollments?
☐ Yes ☐ No ☐ Multiple locations ____________________

Do you feel your employees understand the importance of investing in a retirement savings plan and its tax benefits? ☐ Yes ☐ No

What do you have in place today to support financial wellness for your employees? ____________________

Would it be helpful to have proactive tool that would monitor the plan's health from both a plan sponsor and participant perspective?
☐ Yes ☐ No

Would it be helpful to see how your retirement plan health and benefits stack up compared to similar businesses? ☐ Yes ☐ No

Do you think your employees would like mobile enrollment push notifications and text to enroll? ☐ Yes ☐ No

Would your employees benefit from digital tools, such as a health care cost projector and a retirement savings toll? ☐ Yes ☐ No

Do you need bilingual support for employee materials? ☐ Yes ☐ No

IV. INVESTMENTS

Do you have a specific preference with regards to the investments for your plan? ____________________

Who do your participants go to today if they have questions about their investments? ____________________

How were current investments selected and who was involved? ____________________

Do you feel you have good visibility and understanding around your investments? ☐ Yes ☐ No

What is the current process of monitoring/selecting funds? ____________________

Do your participants currently have access to change their investments via mobile? ☐ Yes ☐ No

V. TECHNOLOGY

Do you struggle with late deposits? ☐ Yes ☐ No

How do you change deductions and set up loans?

____

How do you track eligibility and catch up contributions?

____

What tools do you have that keep participants engaged?

____

Would your employees utilize mobile applications to: budget / save for the future / pay off debt and/or student loans? ☐ Yes ☐ No

What are you seeing as the top financial wellness concerns for your employees today?

____

Do you currently have access to technology that supports push notifications to participants on anniversaries and birthdays as well as catch-up and eligibility notifications? ☐ Yes ☐ No

VI. HCM

Who do you use for payroll? ______________________________

Do you outsource your HR and benefits? If so, to who? ______________________________

Are you looking to improve your current benefit offerings? ☐ Yes ☐ No

Have you had issues or concerns with HR? ☐ Yes ☐ No

Are you experiencing growth? ☐ Yes ☐ No

Are you downsizing or experiencing turnover? ______________________________

Do you have employees in multiple states? ______________________________

Do you partner with any other insurance agencies for additional services such as Workers Compensation?

____

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