

Employee survey

Complete the following so that we can best determine if the 401(k) plan being offered is meeting your needs and if the services being provided are valuable to you.

Employee Name (optional): _____ Date: _____

When you think about the 401(k) plan offered by *[insert name of employer]*, please rate how well the plan meets your needs on a scale of 1 to 7.



1 Saving: I understand why I should be saving in the company plan, including how my contributions grow tax-deferred and how that benefits me.
[Optional: I understand how the employer matching contribution works and how it increases my saving.]

2 Saving: I know how much I need to save each year for a comfortable retirement.

3 Planning: I am confident that I can reach a comfortable retirement based on the planning I have done.

4 Investments: Market, economic and plan investment data provided is useful to me, and helps me make decisions. I understand how to create a diversified portfolio to help me reach my retirement goals.

5 Investments: I am satisfied with the level of personal help I receive and do not need more help picking appropriate investment choices.

6 Plan education: Enough education and meetings on the plan and investments are provided. Meetings are frequent enough.

7 Plan education: I am highly satisfied with the topics covered, suggestions made and usefulness of the information offered about the plan, its benefits and the investments.

8 Plan communication: The written plan materials are helpful and easy to understand, including enrollment brochures, the summary plan description and other periodic plan communications.

For Financial Professional or Plan Sponsor use with plan participants.

This Employee Survey form is intended for general informational purposes only. Neither this Employee Survey form nor any information or services rendered by your Financial Professional constitute legal, tax or investment advice. Plan fiduciaries should consult with their legal counsel to understand the full scope of their responsibilities under the Employee Retirement Income Security Act of 1974 (ERISA) with respect to the matters addressed in the Employee Survey form. Plan fiduciaries also should consult with their legal counsel before utilizing the Employee Survey form with employees and discuss legal requirements for addressing any negative feedback or deficiencies that may be provided or identified by employees in their completed Employee Survey forms. Neither your Financial Professional nor your Financial Professional's firm shall be deemed to be acting as a "fiduciary" under ERISA in furnishing services to your plan.

INVESTMENT PRODUCTS: NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE

Strongly Agree

Strongly Disagree

7 | 6 | 5 | 4 | 3 | 2 | 1 | N/A

9 Participant statements: These are provided in a timely fashion based on my preference (print, web, or both), provide good detail and are easy to read.

10 Plan website: I enjoy using the website and use it often to answer my questions and to make changes.

11 Participant phone system/website: The automated phone line and website are easy to use, updated frequently enough, offer appropriate services, and provide good detail.

12 Participant service reps: I am highly satisfied with the knowledge level, completeness of answers and general demeanor of the reps who answer the participant phone line.

13 Plan fees: The information provided helps me to understand the fees I pay for the plan as well as the underlying investments.

14 Financial Professional: I am fully satisfied with the Financial Professional who works with me and the plan. *[Optional: I am also satisfied with the other team members of the Plan Administrator (PA).]*

Below are a few general questions about the plan:

15 Are you participating in the company plan?	Yes	No
16 Do you have a comprehensive financial plan?	Yes	No
17 Do you read the communication materials regularly?	Yes	No
18 Do you go the website or call the participant phone system regularly?	Yes	No

Is there anything you wish your **Financial Professional** would assist you with or provide? Or is there anything in particular your Financial Professional does that you do not like?

Is there anything else you wish the plan would offer or assist you with? What don't you like about the plan?

Do you have any other comments, questions or concerns that we can help you with?

What is your age? 18–35 36–49 50–59 60+

Thank you for your time completing this survey.

Sincerely,

[Financial Professional and/or Employer]