



Understanding Your Needs and Concerns

Please fax the completed form to your AllianceBernstein Retirement Consultant at **866.263.1284**.

FROM:

Advisor Name

RE:

Plan Name

TO BE COMPLETED DURING THE DISCOVERY DISCUSSION

PPA AWARENESS

- How familiar are you with the Pension Protection Act?
 - Very familiar
 - Familiar
 - Somewhat familiar
 - Not very familiar
 - Not at all familiar
- How likely are you to make changes to your plan as a result of the Pension Protection Act?
 - Very likely
 - Likely
 - Somewhat likely
 - Not very likely
 - Not at all likely

FEES & FIDUCIARY

- How confident are you that you understand all of the fees that you and your participants are paying for your 401(k) plan?
 - Very confident
 - Confident
 - Somewhat confident
 - Not very confident
 - Not at all confident
- How confident are you that your plan is getting the best value for the fees that you and your participants are paying?
 - Very confident
 - Confident
 - Somewhat confident
 - Not very confident
 - Not at all confident
 - Don't know/not sure
- How would you rate the importance of fiduciary matters to you and your plan at this time?
 - Very important
 - Important
 - Somewhat important
 - Not very important
 - Not at all important

INVESTMENTS

- Which statement best describes how you feel about the number of investment options in your plan?
 - The plan has too many investment options
 - The plan has the right amount of investment options
 - The plan needs more investment options
 - I don't know how many investment options is the right amount for my plan

Investment Products Offered

• Are Not FDIC Insured • May Lose Value • Are Not Bank Guaranteed

7. How important is it to you to improve the investment lineup in your plan at this time?
- Very important Important Somewhat important Not very important Not at all important
 Don't know/not sure
8. Do you currently offer target-date funds in your plan? Yes No
9. If no, do you plan on adding them to your plan in the future? Yes No
10. Which type of investment/fund do you currently offer as your plan default investment option?
- We do not have a default investment option in the plan at this time Risk-based/asset allocation fund (lifestyle fund)
 Stable value/money market fund Target-date (lifecycle) fund
 Equity fund Model portfolio
 Balanced fund Other _____
 Bond fund

COMMUNICATIONS

11. How effective has your plan's communication program been in increasing deferrals?
- Very effective Effective Somewhat effective Not very effective Not at all effective
 Don't know/not sure
12. How effective has your plan's communication program been in helping participants create a more appropriate asset allocation?
- Very effective Effective Somewhat effective Not very effective Not at all effective
 Don't know/not sure
13. How important is it to you to improve the effectiveness of your plan's communication program at this time?
- Very important Important Somewhat important Not very important Not at all important
 Don't know/not sure

SERVICE

14. How would you rate the quality of service you receive from your recordkeeper?
- Excellent Very good Good Fair Poor
 Don't know/not sure
15. How would you rate the quality of service your employees receive from your recordkeeper?
- Excellent Very good Good Fair Poor
 Don't know/not sure

PLAN GOALS

16. How important is it to you to increase plan participation in your plan at this time?
- Very important Important Somewhat important Not very important Not at all important
 Don't know/not sure

17. How important is it to you to increase employee savings levels in your plan at this time?

- Very important Important Somewhat important Not very important Not at all important
 Don't know/not sure

18. How important is it to you to help your employees make better investment decisions in your plan at this time?

- Very important Important Somewhat important Not very important Not at all important
 Don't know/not sure

TO BE COMPLETED BY ADVISOR

Advisor Information

Last Name	First Name	Middle Initial
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Firm Name

Mailing Address

City	State	Zip
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Phone Number	E-Mail Address
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Client Information

Company Name

Last Name of Contact	First Name of Contact
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Mailing Address

City	State	Zip
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Phone Number	E-Mail Address
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Plan Information

Plan Name

Number of Eligibles	Number of Participants	Plan Assets
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