

New Plan Request for Information

Please provide the following information to request a proposal for services:

Plan Sponsor Information

Employer/Plan Sponsor Name: _____

Employer/Plan Sponsor Address: _____

Building Site/Suite: _____

City, State, Zip: _____

Phone Number: _____

Company Website address _____

Industry: _____

Summary of Business: _____

403(b) Plan Information

Desired Conversion Date to USICG/Sentinel Group Plan Solution _____

Total Plan Assets to convert: \$ _____

Number of plan participants with accounts _____

Does the Plan offer loans to participants? Yes No If yes, number of loans outstanding _____

Payroll Frequency _____ Payroll Vendor Name _____

Current Recordkeeping Vendor Name _____

Current Plan Custodian _____

Financial Advisor Information

Representative's Name _____

Reg. Rep # _____

Telephone Number _____

Fax Number _____

Email Address _____

Broker Dealer Firm Name _____

Firm Address _____

Broker Dealer Number _____

Broker Dealer Branch _____