



# PSCA

## 68th Annual Survey Questionnaire

Questionnaires must be postmarked or completed online by **June 6, 2025**. Those who complete the questionnaire will receive a free copy of the report — a \$595 value.

All information provided will be strictly confidential. Only aggregate data will be released publicly.

Please answer all questions as of December 31, 2024. If your company offers more than one plan, please complete a separate questionnaire for each one. It will be helpful if you have your 2023 year-end payroll report available before completing the survey.

### Submission Options:

**Online:** Complete at [www.pscs.org/research](http://www.pscs.org/research).

**Fax:** 312-275-7171

**Mail to:** PSCA's 2025 Annual Survey  
4401 N. Fairfax Dr., Suite 600  
Arlington, Virginia 22203

For questions on the survey, please contact us at 540.323.7828 or [research@psca.org](mailto:research@psca.org)

### Contact Information

Please provide your contact information to receive a free copy of the annual survey report.

Plan Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Who referred you to the survey (name and company), if applicable?

\_\_\_\_\_

## A. Plan and Employee Demographics

### 1. Please indicate which category most closely describes your industry. (Select one.)

- |  |   |
|--|---|
| <input type="checkbox"/> Construction                                | <input type="checkbox"/> Real estate                      |
| <input type="checkbox"/> Durable goods manufacturing                 | <input type="checkbox"/> Retail trade                     |
| <input type="checkbox"/> Education (Higher Ed, Alternative Ed, etc.) | <input type="checkbox"/> Science/Research/Biotechnology   |
| <input type="checkbox"/> Engineering                                 | <input type="checkbox"/> Services                         |
| <input type="checkbox"/> Entertainment                               | <input type="checkbox"/> Technology or telecommunications |
| <input type="checkbox"/> Financial                                   | <input type="checkbox"/> Transportation                   |
| <input type="checkbox"/> Healthcare                                  | <input type="checkbox"/> Utility or energy                |
| <input type="checkbox"/> Insurance                                   | <input type="checkbox"/> Wholesale distribution           |
| <input type="checkbox"/> Non-durable goods manufacturing             | <input type="checkbox"/> Other: _____                     |
| <input type="checkbox"/> Non-profit organization                     |   |

### 2a. Approximately how many employees participate in this plan?

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> 1–49    | <input type="checkbox"/> 1,000–4,999 |
| <input type="checkbox"/> 50–199  | <input type="checkbox"/> 5,000+      |
| <input type="checkbox"/> 200–999 |                                      |

### b. What is the approximate asset value of your plan?

- |  |  |
|--|--|
| <input type="checkbox"/> Less Than \$5MM | <input type="checkbox"/> \$100MM–\$499MM     |
| <input type="checkbox"/> \$5MM–\$19.9MM  | <input type="checkbox"/> \$500MM–\$999 MM    |
| <input type="checkbox"/> \$20MM–\$99.9MM | <input type="checkbox"/> \$1 Billion or more |

### 3. Who is the recordkeeper for this plan?

\_\_\_\_\_

### 4a. About what type of plan are you completing this survey? (If you offer more than one, please complete it on your largest DC plan).

- ☐ Profit Sharing (employer contributions only, no participant deferrals)
- ☐ 401(k)
- ☐ 403(b)
- ☐ 457
- ☐ Other: \_\_\_\_\_

### b. Is this a MEP (multiple employer plan) or a PEP (pooled employer plan)?

- ☐ MEP ☐ PEP ☐ Neither

If not, are you considering terminating your plan in favor of a MEP or PEP?

- ☐ Yes, MEP ☐ Yes, PEP ☐ No ☐ Unsure

### c. Does your organization offer any other retirement plans to the same group of employees as the plan you indicated for question 4a?

- ☐ Yes ☐ No

#### If yes, which ones?

- ☐ Profit sharing
- ☐ 401(k)
- ☐ Defined benefit, traditional
- ☐ Defined benefit, other (e.g., cash balance, etc.)
- ☐ ESOP
- ☐ Money purchase
- ☐ Retiree Health Plan
- ☐ Other: \_\_\_\_\_

### 5a. If you indicated in question 4c that you offer a defined benefit plan, is it active or frozen?

- ☐ Active ☐ Frozen/Closed ☐ Do not offer (Skip to question 6)

### b. If active, are you planning to freeze or close it in the next 12 months?

- ☐ Yes ☐ No

### c. If your DB plan is frozen or if you are planning on terminating it, have you made (or will you make) changes to your 401(k) plan to compensate?

- ☐ Yes ☐ No ☐ Not applicable

### d. If yes, what changes?

\_\_\_\_\_

- 6a. Does your company offer a non-qualified deferred compensation (NQDC) plan to a select group of employees?  
☐ Yes   ☐ No   ☐ No, but considering adding one
- b. If no, why not?  
☐ Expense  
☐ Not convinced of the value  
☐ Not aligned with corporate culture  
☐ Looking to reduce executive comp  
☐ Other: \_\_\_\_\_
7. Do you offer a Health Savings Account (HSA) option to employees?  
☐ Yes   ☐ No   ☐ No, but considering adding one
- 8a. Does your plan accept rollovers from:  
☐ Profit sharing/401(k) plans   ☐ 457 plans  
☐ IRAs   ☐ 403(b) plans  
☐ Pension plans   ☐ No rollovers accepted  
☐ Other: \_\_\_\_\_
- b. If rollovers are accepted, please indicate when they are accepted.  
☐ When employees become eligible to make elective deferrals  
☐ Before employees become eligible to make elective deferrals
- c. If rollovers are permitted, do you actively encourage new employees to roll assets from a previous plan into your plan?  
☐ Yes   ☐ No
- d. Will (or has) your organization elected the auto-portability service through the Portability Services Network?  
☐ Yes  
☐ No, would like to but recordkeeper is not a member  
☐ No, not interested  
☐ I don't know what that is  
☐ Unsure
- e. Are participants able to roll assets into the plan after they are no longer employed at the company?  
☐ Yes   ☐ No
- 9a. Are the following types of employees eligible to participate in your plan? If you do not have certain employee groups, please select N/A.
- |   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| Salaried — Full-time (more than 1,000 hours per year)           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Salaried — Part-time (other than Long Term Part Time employees) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Hourly — Full-time (more than 1,000 hours per year)             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Hourly — Part-time (other than Long Term Part Time employees)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Temporary   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Leased  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Commissioned staff  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Union Workers/Davis Beacon                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
- b. If the company employs union workers, which of the following applies?  
☐ Union workers participate in this plan under a collective bargaining agreement  
☐ Union workers participate in this plan, but not under a collective bargaining agreement  
☐ Union workers don't participate in this plan.
- c. Did your organization have to make plan changes to allow long-term part-time (LTPT) workers (500–1000 hours for 2 consecutive years) to participate in the plan per the SECURE 2.0 Act?  
☐ No, they were always eligible  
☐ Yes, we added LTPT employees with matching contributions  
☐ Yes, we added LTPT employees without matching contributions  
☐ Yes, we added all part-time employees  
☐ Other: \_\_\_\_\_
- 10a. Is compensation defined in your plan as all W2 compensation or 3401(a) “pay stub” compensation?  
☐ Yes   ☐ No

- 10b. If no, which type(s) of compensation is (are) defined as compensation in your plan? (Check all that apply.)  
☐ Regular salary and/or hourly wages  
☐ Regular bonus payments  
☐ Special bonus payments  
☐ Overtime  
☐ Commissions  
☐ Shift differential  
☐ Other: \_\_\_\_\_
- 11a. What is the minimum age requirement to participate in the plan?  
☐ None  
☐ 18 years old  
☐ 21 years old  
☐ Other age requirement: \_\_\_\_\_
- b. Does the plan have different age requirements for different contribution types?  
☐ Yes   ☐ No
- 12a. Does this plan meet the DOL Safe Harbor rules (and is therefore exempt from ACP Testing)?  
☐ Yes   ☐ No   ☐ Unsure
- b. If yes, what formula is used to meet the DOL safe harbor rules?  
☐ Traditional Safe Harbor Match (\$1 per \$1 on the first 3% and \$0.50 per \$1 on the next 2%)  
☐ Enhanced Match (a formula that exceeds the traditional Safe Harbor Match formula)  
☐ Non-elective contribution to all employees of 3% or higher  
☐ QACA Match (100% match on the first 1% and a 50% match on the next 5%)  
☐ Other: \_\_\_\_\_

## B. Company Contributions

- 13a. Does your plan design provide for a matching company contribution? If the plan provides for one, select “Yes”; whether or not it was made this year. (A matching contribution requires a participant to contribute to the plan in order to receive a specified company contribution.)  
☐ Yes   ☐ No (Skip to question 14)
- b. How many matching formulas do you use?  
☐ One   ☐ Two   ☐ Three   ☐ Four   ☐ Five or more
- c. Indicate the type of formula(s) used and then write in the numerical formula used (where appropriate).  
☐ Fixed Match (e.g., matches \$0.50 per \$1 up to 6% of pay contributed by the participant)  
     Organization Contributes \$\_\_\_\_\_ per \$1 on the first \_\_\_\_\_% of pay.  
☐ Graded Match (based on age, service, tiered formula, traditional safe harbor, etc.)  
     Describe: \_\_\_\_\_  
☐ Other: \_\_\_\_\_
- d. Is your matching formula guaranteed or discretionary (as stated in the plan document)? (If more than one formula is used, describe in other.)  
☐ Guaranteed  
☐ Discretionary  
☐ Other: \_\_\_\_\_
- e. What is the maximum effective company matching contribution (e.g., if the formula is \$0.50 per \$1 on 8% of pay, the maximum company contribution is 4% of pay)? \_\_\_\_\_ %
- f. Did your company make the matching contribution in 2024?  
☐ Yes, the same formula as in 2023  
☐ Yes, but a reduced amount  
☐ Yes, but a higher amount  
☐ No, it was suspended for 2024  
☐ No, it is discretionary and not made in 2024  
☐ Other: \_\_\_\_\_

**13g. When do full-time employees become eligible to receive matching contributions?**

- ☐ Immediately (1 month or less)  
☐ Between 1 and 3 months  
☐ After 3 months of service  
☐ After 6 months of service  
☐ After 1 year of service  
☐ After 2 years of service  
☐ Other service requirements: \_\_\_\_\_

**h. When do part-time employees become eligible to receive matching contributions?**

- ☐ They don't (only full time employees receive a match)  
☐ Immediately (1 month or less)  
☐ Between 1 and 3 months of service  
☐ After 3 months of service  
☐ After 6 months of service  
☐ After 1 year of service  
☐ After 2 years of consecutive work for 500 or more hours per year (LTPT per SECURE)  
☐ Other: \_\_\_\_\_

**i. Do employees have to be employed on the last day of the year to receive matching contributions?**

- ☐ Yes ☐ No

**j. How frequently are matching contributions made to the plan?**

- ☐ Payroll Period ☐ Quarterly  
☐ Monthly ☐ Annually  
☐ Other: \_\_\_\_\_

If contributions are not made annually, is a true-up match made to ensure that all participants receive the full match?

- ☐ Yes ☐ No ☐ N/A

**k. What is the plan's vesting schedule for matching contributions?**

- ☐ Immediate full vesting  
☐ 2-year cliff  
☐ 3-year cliff  
☐ 3-year graduated  
☐ 4-year graduated  
☐ 5-year graduated  
☐ 6-year graduated  
☐ Other: \_\_\_\_\_

**14a. Does your plan provide for a non-matching company contribution?  
(A non-matching contribution does not require participant contributions in order to receive the company contribution.)**

- ☐ Yes ☐ No (Skip to question 15)

**b. If yes, indicate the type of formula used and then write in the numerical formula used (where appropriate).**

- ☐ Discretionary contribution  
If made in 2024, indicate the percent of pay contributed: \_\_\_\_\_ %  
☐ Guaranteed Percentage of Participants' pay (Non-Safe Harbor)  
Percent contributed: \_\_\_\_\_ %  
☐ Safe harbor contribution (3% of pay to all eligible employees)  
☐ Formula based percentage of profits  
☐ Other (describe): \_\_\_\_\_

**c. What is the maximum possible non-matching contribution to the plan?** \_\_\_\_\_ %

**d. Did your company make the non-matching contribution in 2024?**

- ☐ Yes, the same formula as in 2023  
☐ Yes, but a reduced amount  
☐ Yes, but a higher amount  
☐ No, it was suspended for 2024  
☐ No, it is discretionary and not made in 2024  
☐ Other: \_\_\_\_\_

**14e. When do full-time employees become eligible to receive non-matching contributions?**

- ☐ Immediately (1 month or less)  
☐ Between 1 and 3 months  
☐ After 3 months of service  
☐ After 6 months of service  
☐ After 1 year of service  
☐ After 2 years of service  
☐ Other service requirements: \_\_\_\_\_

**f. When do part-time employees become eligible to receive non-matching contributions?**

- ☐ They don't (only full time employees receive a match)  
☐ Immediately (1 month or less)  
☐ Between 1 and 3 months of service  
☐ After 3 months of service  
☐ After 6 months of service  
☐ After 1 year of service  
☐ After 2 years of consecutive work for 500 or more hours per year (LTPT per SECURE)  
☐ Other: \_\_\_\_\_

**g. Do employees have to be employed on the last day of the year to receive non-matching contributions?**

- ☐ Yes ☐ No

**h. How frequently are non-matching contributions made to the plan?**

- ☐ Payroll Period ☐ Quarterly  
☐ Monthly ☐ Annually  
☐ Other: \_\_\_\_\_

**i. What is the plan's vesting schedule for non-matching contributions?**

- ☐ Immediate full vesting ☐ 3-year graduated  
☐ 2-year cliff ☐ 4-year graduated  
☐ 3-year cliff ☐ 5-year graduated  
☐ 5-year cliff ☐ 6-year graduated  
☐ 7-year graduated  
☐ Other: \_\_\_\_\_

**15. Do you apply any of the following in terms of the employer financial contribution?**

- ☐ Integrated with Social Security ☐ A new comparability plan  
☐ Age-weighted ☐ Service-weighted  
☐ None of the above

**16. Are you considering adding Roth treatment of employer contributions as an option for participants (optional provision of SECURE 2.0)?**

- ☐ Yes, definitely adding ☐ Possibly, still considering  
☐ No, definitely not adding ☐ Unsure, have not considered yet

**17. Have you added a Pension-linked Emergency Savings Account (PLESA) as allowed under SECURE 2.0?**

Note: A PLESA allows a plan match based on participant contributions to an emergency savings account.

- ☐ Yes ☐ No ☐ Not yet, considering

**18. How is service for vesting calculated — hours or elapsed time?**

- ☐ Hours ☐ Elapsed time  
☐ N/A ☐ Other: \_\_\_\_\_

**C. Participant Contributions**

**19a. Indicate all types of participant contributions permitted in this plan.  
(Check all that apply.)**

- ☐ Employee pretax — 401(k)  
☐ Employee after-tax — Roth 401(k)  
☐ Employee after-tax — traditional (non-Roth)  
☐ None (Skip to section E)

**b. If the plan allows Roth contributions, does it allow in-plan Roth conversions?**

- ☐ Yes ☐ No ☐ Unsure

20a. Does the plan impose a limit on participant deferral percentages or do you use the legal IRS limit of 100% of salary up to \$69,000 (2024 limit)?

- ☐ Yes—have a plan limit less than the IRS limit  
☐ Yes—and we have different limits for different employee groups  
☐ No—use the IRS defined limit

b. If yes, what is the plan limit? \_\_\_\_\_ %

21a. Does the organization provide a suggested savings rate to participants?

- ☐ Yes ☐ No

b. If yes, what percentage of pay is suggested? \_\_\_\_\_ %

22a. When do full-time employees become eligible to make elective deferrals to this plan?

- ☐ Immediately (1 month or less) ☐ After 3 months of service  
☐ Between 1 and 3 months of service ☐ After 6 months of service  
☐ After 1 year of service

☐ Other service requirements: \_\_\_\_\_

b. When do part-time employees become eligible to participate in the plan?

- ☐ Immediately (1 month or less)  
☐ Between 1 and 3 months of service  
☐ After 3 months of service  
☐ After 6 months of service  
☐ After 1 year of service  
☐ After 2 years of consecutive work for 500 or more hours per year (LTPT per SECURE)  
☐ N/A

☐ Other service requirements: \_\_\_\_\_

23a. Does the plan permit catch-up contributions to participants age 50 and older?

- ☐ Yes ☐ No

b. Do participants have to elect catch-up contributions separately from regular deferrals, or do contributions automatically “spillover” to catch-ups for eligible employees?

- ☐ Separate election  
☐ Spillover  
☐ Unsure  
☐ Other: \_\_\_\_\_

c. Did the plan adopt the “super catch-up” provision from SECURE 2.0 allowing participants aged 60-63 to make additional catch-up contributions?

- ☐ Yes ☐ No

d. Does the plan match catch-up contributions?

- ☐ Yes ☐ No ☐ Not applicable (no match)

e. How will your plan handle the SECURE 2.0 provision requiring catch-up contributions to be Roth contributions for employees making \$145k or more per year?

- ☐ Make the plan changes needed to comply with the law as written.  
☐ Remove catch-up contributions from the plan all together.  
☐ Other: \_\_\_\_\_

## D. Automatic Features

24a. If this plan permits elective employee deferrals, does this plan have an automatic enrollment feature?

- ☐ Yes ☐ No

b. If yes, which types of employees are automatically enrolled into the plan?

- ☐ New hires  
☐ All eligible non-participants annually (annual re-enrollment)  
☐ Only certain employees groups  
☐ Other: \_\_\_\_\_

c. If no, why not?

- ☐ Costs  
☐ Corporate philosophy  
☐ Employees don't want it  
☐ Satisfied with participation rates  
☐ Added administration/work  
☐ Other: \_\_\_\_\_

24d. What is the default deferral percentage?

- ☐ 1% ☐ 2% ☐ 3% ☐ 4% ☐ 5%  
☐ 6% ☐ 7% ☐ 8% ☐ Other: \_\_\_\_\_

e. What is your default rate in relation to your matching formula?

- ☐ Default is lower than the amount needed to receive the maximum match  
☐ Default is at the amount needed to receive the maximum match  
☐ Default is above the amount needed to receive the maximum match  
☐ N/A (no match)

f. What is the default investment option?

- ☐ Balanced fund  
☐ Managed account  
☐ Target-date  
☐ Other: \_\_\_\_\_

g. Approximately what percentage of automatically enrolled participants (either new hires or all non-participants, depending on your plan design) opted out of the plan in 2024?

- ☐ None ☐ 5% ☐ 10%  
☐ 1% ☐ 6% ☐ 10-15%  
☐ 2% ☐ 7% ☐ 15-20%  
☐ 3% ☐ 8% ☐ More than 20%  
☐ 4% ☐ 9%

h. Approximately what percentage of employees changed the default:

	Deferral Rate	Investment Option
None	<input type="checkbox"/>	<input type="checkbox"/>
0.01–1%	<input type="checkbox"/>	<input type="checkbox"/>
1–5%	<input type="checkbox"/>	<input type="checkbox"/>
5–10%	<input type="checkbox"/>	<input type="checkbox"/>
10–20%	<input type="checkbox"/>	<input type="checkbox"/>
20% or more	<input type="checkbox"/>	<input type="checkbox"/>
Unsure	<input type="checkbox"/>	<input type="checkbox"/>

25a. Does your plan have an auto-escalation feature in which deferral rates are automatically increased over time? (Check all that apply.)

- ☐ Yes, automatically for all participants  
☐ Yes, but only if the participant elects it  
☐ Yes, automatically for all under-contributing participants  
☐ No. (Skip to question 26)

b. How much are deferrals increased each year?

- ☐ None ☐ 1% ☐ 3%  
☐ Participant choice ☐ 2% ☐ Other \_\_\_\_\_ %

c. Do you escalate the default deferral rate until it is high enough to receive the full possible matching contribution (if the default is not already set at the maximum match rate)?

- ☐ Yes ☐ No ☐ Escalate beyond the maximum match rate ☐ N/A

d. If yes, what is the increase based on?

- ☐ Hire date  
☐ Merit increases  
☐ Plan participation date  
☐ Birthday  
☐ Participant choice  
☐ Plan set date once a year  
☐ Other: \_\_\_\_\_

e. What is the cap on automatic increases? \_\_\_\_\_ %

26. Does your plan allow participants to automatically rebalance their portfolios?

- ☐ Yes ☐ No

## E. Investments

27. Are your fund options the same for both company and participant contributions?

- ☐ Yes ☐ No ☐ Not applicable

28. For company and participant contributions, please indicate the investment fund structure. (Check all that apply.)

Investment Fund Type and Structure

	Mutual Fund	Co-mingled (CIT)	Insurance Account	ETF	Separately Managed Account
a. Alternative asset class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Balanced fund/asset allocation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Bond-actively managed, domestic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Bond-indexed, domestic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Bond, international	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. TIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Cash equivalents (CD/money market)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Company stock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Emerging markets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Equity-actively managed, domestic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Equity-actively managed, international/global	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Equity-indexed, domestic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Equity-indexed, international/global	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. ESG Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Real estate fund (including REITs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Sector funds/commodities (Other than real estate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Self-directed brokerage/mutual fund window	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Stable value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Target retirement date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Target-risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Participant loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29a. Does the plan offer a target-date investment?

- ☐ Yes ☐ No (Skip to question 30)

b. If yes, what type do you use?

- ☐ Packaged Product ☐ Customized ☐ Combination

c. What type of glide path does your target-date fund use?

- ☐ To retirement ☐ Through retirement

d. Is your target-date fund actively or passively managed?

- ☐ Actively managed ☐ Passively managed ☐ Hybrid

e. Do your target-date investment options currently include:

- ☐ Only investments proprietary to the recordkeeper  
☐ Only investments that are not proprietary to the recordkeeper  
☐ Investments that are both proprietary and non-proprietary

f. Does your target date fund include a managed payout feature or a built-in annuity/lifetime income feature?

- ☐ Annuity/lifetime income feature  
☐ Managed payout feature  
☐ Neither

30a. Does the plan currently offer an ESG fund?

- ☐ Yes ☐ No

b. If yes, when did you add that offering to your menu (if known)?

- ☐ Last year (2024)  
☐ 2–3 years ago  
☐ 4–5 years ago  
☐ More than 5 years ago  
☐ Unsure

c. If yes, what were your considerations in doing so. (Check all that apply.)

- ☐ Participant demand  
☐ Aligns with organizational philosophy/goals  
☐ Risk analysis considerations  
☐ Advisor recommendation  
☐ Investment committee decision  
☐ Performance track record  
☐ Other: \_\_\_\_\_

If more than one, what was your primary consideration?: \_\_\_\_\_

d. If no, why not? (Check all that apply.)

- ☐ Haven't considered  
☐ Advisor recommendation  
☐ Unclear regulatory factors  
☐ Insufficient participant interest  
☐ Lack of benchmarking  
☐ Lack of a clear definition of what an ESG fund is  
☐ Other: \_\_\_\_\_

31a. Does the plan offer a managed account in which participants have the option of having their plan assets allocated and managed for them?

- ☐ Yes ☐ No (Skip to question 32)

b. If yes, who pays for it?

- ☐ Employer ☐ Participant

c. If paid for by participants, which participants pay?

- ☐ All participants ☐ Only participants who use it

d. Is the manager limited to funds available for participant direction?

- ☐ Yes ☐ No

32. Does your plan have an in-plan annuity (lifetime income) option for participants as part of its investment menu?

- ☐ Yes ☐ No

33a. Do you offer a robo-advisor to participants?

- ☐ Yes ☐ No, but considering ☐ No

b. If no, do you anticipate adding one within the next year?

- ☐ Yes ☐ No ☐ Unsure

34a. Does your plan have a Qualified Default Investment Alternative (QDIA)?

- ☐ Yes ☐ No

b. If yes, what is the QDIA?

- ☐ A managed account  
☐ A balanced fund  
☐ A target-date investment  
☐ Other: \_\_\_\_\_

## F. Investment Advice

- 35a. Does your company provide investment advice to participants? Investment advice is not education (question 63) and is not a managed account (question 31).
- ☐ Yes ☐ No (Skip to question 36)
- b. Who provides the advice to participants? (Check all that apply.)
- ☐ Certified Financial Planner  
☐ Registered Investment Advisor  
☐ Financial Advisor affiliated with your plan provider  
☐ Web-based provider (Independent Third-Party, e.g., Morningstar or Financial Engines)  
☐ Other: \_\_\_\_\_
- c. How is advice delivered to participants? (Check all that apply.)
- ☐ One-on-one counseling in person  
☐ Telephone hotline  
☐ Online advice (internet provider)  
☐ Web conference  
☐ Other (describe): \_\_\_\_\_
- d. If investment advice is offered, who pays for it?
- ☐ Employer ☐ Participant ☐ Both
- e. If paid for by participants, which participants pay?
- ☐ All participants ☐ Only participants who use it
- f. Is the investment advisor limited to funds available for participant direction?
- ☐ Yes ☐ No

## G. Investment Monitoring

36. Does this plan have an investment policy statement?
- ☐ Yes ☐ No ☐ Uncertain
37. How often does the plan allow participant-directed fund transfers (outside of any individual fund restrictions)?
- ☐ Daily  
☐ Monthly  
☐ Quarterly  
☐ Annually  
☐ Other (describe): \_\_\_\_\_
38. How frequently are the plan's investments evaluated by the plan's fiduciaries?
- ☐ Monthly  
☐ Quarterly  
☐ Semi-annually  
☐ Annually  
☐ Other (describe): \_\_\_\_\_
- 39a. Do you retain an independent investment advisor separate from your service provider to help you with your fiduciary responsibility?
- ☐ Yes, a 3(38) advisor  
☐ Yes, a 3(21) advisor  
☐ Yes, unsure of type.  
☐ No
- b. If yes, is the fee:
- ☐ A fixed fee  
☐ A percentage of plan assets  
☐ Both  
☐ Other: \_\_\_\_\_
40. Who is the trustee for your plan?
- ☐ Self trustee ☐ Non-bank trustee  
☐ Bank trustee ☐ None

## 41. Do you use an OCIO (Outsourced Chief Investment Officer)?

Note: OCIO is the practice of delegating a significant portion of the investment fiduciary function to a third-party provider, typically an investment management or consulting firm. The terms "outsourced chief investment officer" or "OCIO" are frequently used to describe this process.

☐ Yes ☐ No

If no, is it under consideration?

☐ Yes ☐ No

## H. Company Stock

### 42a. Does this plan have company stock as an investment option for:

- ☐ Company contributions  
☐ Participant contributions  
☐ Both  
☐ Neither (Skip to question 43)  
☐ Company stock fund is frozen

### b. If there is a limitation as to the amount of assets that can be invested in company stock, what is the limitation?

- ☐ No more than 10% of assets  
☐ No more than 20% of assets  
☐ Limit between 20% and 50%  
☐ No more than 50% of assets  
☐ Company contributions only  
☐ No limit  
☐ Other: \_\_\_\_\_

### c. Are contributions to the plan made in company stock?

- ☐ No  
☐ Yes, matching contributions only  
☐ Yes, non-matching contributions only  
☐ Both

### d. If company stock pays a dividend, does the company take the dividend deduction?

- ☐ Yes ☐ No ☐ Not applicable

### e. Do you have an independent fiduciary on the company stock fund?

- ☐ Yes ☐ No

### f. Do you benchmark your company stock fund?

- ☐ Yes ☐ No ☐ Not applicable

If yes, how frequently do you evaluate it?

- ☐ Quarterly  
☐ Semi-annually  
☐ Annually  
☐ Every two years  
☐ Other: \_\_\_\_\_

If yes, what type of benchmark do you use?

- ☐ Committee selected benchmark  
☐ Advisor selected benchmark  
☐ Other: \_\_\_\_\_

## I. Plan Administration Practices

### 43. If this plan allows 401(k) contributions, how was the ADP (nondiscrimination) test passed for 2024? (Check all that apply.)

- ☐ Passed because of safe harbor plan design  
☐ Non-safe harbor, passed without adjustment to elections or return of excess contributions for HCE  
☐ Elections of HCEs limited when contributions reached the maximum allowed by the test  
☐ Elections of HCEs limited by plan design  
☐ Excess contributions returned to participants after the plan year ended  
☐ Excess 401(k) amounts deposited into a nonqualified arrangement  
☐ Other (describe): \_\_\_\_\_



**44. Is this plan top heavy? (Refer to form 5500.)**

- ☐ Yes  
☐ No, because of Safe Harbor plan design  
☐ No, more than 40 percent of assets are held by non-key employees

**45. How are forfeitures shared in this plan? (Check all that apply.)**

- ☐ Re-allocated to participants  
☐ Applied to reduce company contributions  
☐ Used to pay plan fees  
☐ Other (describe): \_\_\_\_\_  
☐ Not applicable

**46. What changes did you make to the plan in 2024 or planning to make this year? (Check all that apply.)**

- ☐ Minor changes to the investment menu (swapped a fund or two)  
☐ Added or deleted an asset class  
☐ Added plan loans  
☐ Added hardship withdrawal provisions  
☐ Curtailed hardship withdrawal provisions  
☐ Added an automatic enrollment feature  
☐ Added an automatic re-enrollment feature  
☐ Added an auto escalation feature  
☐ Added a Roth feature  
☐ Changed or added company contribution formulas  
☐ Other plan design changes (vestings, eligibility, etc.)  
☐ Changed providers, advisors, or recordkeepers  
☐ Put out a request for proposal (RFP) for the plan  
☐ Added an in-plan annuity  
☐ Added installment payments  
☐ Added non-elective employer contributions for student loans  
☐ Added a financial wellness program  
☐ None  
☐ Other: \_\_\_\_\_

**47a. Have you made or are you considering changes to your plan with a goal of increasing the benefit to recruit and retain employees?**

- ☐ Yes ☐ No

**b. If yes, what changes?**

\_\_\_\_\_

**48a. Do you evaluate whether your plan is successful (meeting your goals for the plan)?**

- ☐ Yes ☐ No

**b. If yes, what measurements do you use?**

- ☐ Participation rates  
☐ Deferral rates  
☐ Average account balances  
☐ Projected income replacement ratios  
☐ Other: \_\_\_\_\_

**49a. Which of the following participant behaviors does the company monitor? (Check all that apply.)**

- |   |  |
|---|--|
| <input type="checkbox"/> Investment of Roth deferrals | <input type="checkbox"/> Investment allocations          |
| <input type="checkbox"/> Fund transfers               | <input type="checkbox"/> Participant contribution levels |
| <input type="checkbox"/> Hardship withdrawals         | <input type="checkbox"/> None (Skip to question 50)      |
| <input type="checkbox"/> Loans                        | <input type="checkbox"/> Other: _____                    |

**b. Did you take any actions based on what you learned from those participant behaviors monitored?**

- ☐ Yes ☐ No

**50. Indicate how each of the following are provided to this plan's participants.**

	Provider Call Centers	Internal Benefit Staff	Internet	Mobile	N/A
Enrollments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan Inquiries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contribution Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance Inquiries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardship Distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final/Retirement Distributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**51. What cybersecurity measures (if any) have you taken as it relates to your plan? (Check all that apply.)**

- ☐ Purchased cybersecurity insurance  
☐ Cybersecurity awareness campaigns (e.g., regarding phishing, changing passwords, etc.)  
☐ Distributed email alerts/communications about specific cybersecurity issues  
☐ Requested documented cybersecurity measures from provider(s)  
☐ Adopted a cybersecurity guarantee offered by my recordkeeper(s) for participants  
☐ Written cybersecurity policy  
☐ Use multi-factor identification  
☐ None  
☐ Unsure  
☐ Other (describe): \_\_\_\_\_

**52. Has your plan experienced a cybersecurity breach that required reporting to participants?**

- ☐ Yes ☐ No ☐ Unsure

**53. Do you have a policy regarding use of participant data by your plan service providers?**

- ☐ Yes, but it's not in writing.  
☐ Yes, as part of the service agreement with recordkeeper.  
☐ Yes, a separate written policy.  
☐ No  
☐ Unsure

**54a. How long has it been since you put out an RFP/RFI for recordkeeping services?**

- |   |   |
|---|---|
| <input type="checkbox"/> Doing one this year (2025) | <input type="checkbox"/> 6–10 years         |
| <input type="checkbox"/> Last year (2024)           | <input type="checkbox"/> More than 10 years |
| <input type="checkbox"/> 2–3 years                  | <input type="checkbox"/> Unsure             |
| <input type="checkbox"/> 4–5 years                  |   |

**b. Did you make any changes as a result of the RFP?**

- ☐ Yes ☐ No

**If yes, what changes?**

\_\_\_\_\_

**c. Why did you put out an RFP? (Check all that apply.)**

- ☐ Benchmark fees  
☐ Looking for additional services  
☐ Unhappy with current recordkeeper  
☐ It was time to do it  
☐ Other: \_\_\_\_\_

**55. Are you undertaking any measures to help your workforce deal with student loan debt? (Check all that apply.)**

- ☐ Making matching employer contributions to this plan based on student loan payment  
☐ Offer an education assistance program to provide up to \$5,250 for education expenses (a 127 plan)  
☐ Provide a third party advisory program that helps employees minimize their student loan debt through forgiveness or refinancing  
☐ Just education  
☐ No, and don't plan to  
☐ Not yet, but considering  
☐ Other \_\_\_\_\_

56a. Do you provide education/training to retirement plan committee members?  
☐ Yes    ☐ No

b. If yes, who provides it?  
☐ Advisor  
☐ Provider  
☐ ERISA attorney  
☐ Outside consultant  
☐ Other \_\_\_\_\_

c. If yes, what topics are covered?  
☐ Fiduciary training  
☐ Plan design  
☐ Investments  
☐ Other \_\_\_\_\_

J. Plan Expenses

57. Who pays for each of the following plan expenses?

Expense	Source Paying Expense		
	Plan	Company	Shared
Audit fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication to employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compensation of internal administrative staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment management fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment consultant fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other consultant fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan recordkeeping fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustee fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

58. How are recordkeeping and administration fees charged to the plan?  
☐ Basis points (percentage of assets)  
☐ Per participant fees for each account  
☐ Combination of basis points and fixed dollar amount  
☐ Other: \_\_\_\_\_

59a. Do any of your investments use revenue sharing?  
☐ Yes    ☐ No    ☐ Unsure

b. If yes, how is it allocated?  
☐ Used for payment of recordkeeping and administration fees  
☐ Credited back periodically to participant accounts  
☐ Used for payment of other allowable plan expenses (auditor, investment consultants, ERISA compliance, etc.)  
☐ Other: \_\_\_\_\_

60. Do you use an ERISA bucket? (Expense Budget Account (EBA); Plan Expense Reimbursement Account (PERA); Recapture account)  
☐ Yes    ☐ No    ☐ Unsure

61. How frequently is a formal evaluation of plan fees conducted (i.e., by your investment committee, plan advisor, etc.)?  
☐ Quarterly  
☐ Semi-annually  
☐ Annually  
☐ Every two years  
☐ Every 3–5 years  
☐ Other (describe): \_\_\_\_\_

62. Do non-employed participants pay the same expenses as their employed counterparts?  
☐ Yes  
☐ No, they pay higher fees.  
☐ No, they pay lower fees.

K. Plan Education

63a. Indicate all of the purposes for providing plan education in 2024. (Check all that apply.)  
☐ a. To increase appreciation for the plan  
☐ b. To increase participation  
☐ c. To increase deferrals  
☐ d. To increase employees' overall financial literacy  
☐ e. To increase employees' confidence in ability to retire as planned  
☐ f. To improve asset allocation  
☐ g. To introduce plan changes  
☐ h. To make the transition of a merger/acquisition  
☐ i. To reduce fiduciary liability  
☐ j. Retirement planning  
☐ k. Other (describe): \_\_\_\_\_

b. Which of the above educational purposes was your primary goal? (Pick one.)  
\_\_\_\_\_

64. Indicate the approaches used to accomplish the goals stated in question 63a. (Check all that apply.)  
☐ 401(k) Day  
☐ Audio (Podcasts, etc.)  
☐ E-mail  
☐ Enrollment kits  
☐ Fund performance sheets  
☐ Gap analysis  
☐ In-Person seminars/workshops  
☐ Individually-targeted communication  
☐ Internet/Intranet sites  
☐ Mobile apps  
☐ Newsletters  
☐ Online Guided Enrollment  
☐ Other (describe): \_\_\_\_\_  
☐ Other modeling software  
☐ Posters  
☐ Projected monthly income  
☐ Retirement gap calculators  
☐ Retirement health score, etc.  
☐ Retirement income projections  
☐ Slides/PowerPoint  
☐ Social media  
☐ Texting  
☐ Total rewards statement  
☐ Videos  
☐ Webinars

65a. Do you have a comprehensive financial wellness program beyond your standard 401(k) education programs?  
☐ Yes    ☐ No

b. What topics are covered in your financial wellness program?  
☐ Budgeting  
☐ Debt management  
☐ Other: \_\_\_\_\_  
☐ Emergency funds  
☐ Student loans

c. How is the financial wellness program delivered?  
☐ Online  
☐ In-person  
☐ Other: \_\_\_\_\_

d. Do you provide an incentive for participation in the financial wellness program?  
☐ Yes    ☐ No  
If yes, what?: \_\_\_\_\_

66. If retirement planning education is provided, which of the following methods are used? (Check all that apply.)  
☐ Third party education  
☐ Third party advice  
☐ None  
☐ Current plan provider  
☐ Plan sponsor created  
☐ Other: \_\_\_\_\_

67. Do your plan's participant statements currently include a projected monthly lifetime income amount?  
☐ Yes    ☐ No

68a. Do you evaluate the effectiveness/successes of your educational campaigns?  
☐ Yes    ☐ No

b. If yes, what measurements do you use? (Check all that apply.)  
☐ Participation rates  
☐ Replacement ratios  
☐ Monthly projected income streams  
☐ Deferral rates  
☐ Total savings rates  
☐ Other: \_\_\_\_\_



## L. Plan Loans and Distributions

### 69a. Does this plan allow participants to take loans?

- ☐ Yes  
☐ No, but loans are being considered. (Skip to question 70)  
☐ No, and loans are not being considered. (Skip to question 70)

### b. What was the interest rate on plan loans as of December 31, 2024?

- ☐ Prime  
☐ Prime +1  
☐ Prime +2  
☐ Prime +3  
☐ Other: \_\_\_\_\_

### c. What is the minimum loan amount?

- ☐ No minimum  
☐ \$500 or less  
☐ \$501 – \$999  
☐ \$1,000  
☐ Other (describe): \_\_\_\_\_

### d. How many loans does the plan allow participants to have outstanding at a time?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Other: \_\_\_\_\_

### e. Check all loan fees that are charged to plan borrowers and indicate fee amounts.

- |  | Fee Amount |
|--|------------|
| <input type="checkbox"/> Loan origination fee      | \$ _____   |
| <input type="checkbox"/> Quarterly maintenance fee | \$ _____   |
| <input type="checkbox"/> Annual maintenance fee    | \$ _____   |
| <input type="checkbox"/> Other (describe): _____   | \$ _____   |
| <input type="checkbox"/> No loan fee charged       |            |

### f. Does the plan facilitate continued loan payments after separation?

- ☐ Yes ☐ No

### g. Does the plan allow for new loans after separation?

- ☐ Yes ☐ No

### h. Does the plan allow rollover of loans into or out of the plan?

- ☐ Yes ☐ No

### i. Are loans limited to employee money sources only?

- ☐ Yes ☐ No

### 70a. Does this plan allow hardship withdrawals?

- ☐ Yes ☐ No (Skip to question 71)

### b. Check all the reasons this plan allows for hardship withdrawals by employed participants.

- ☐ Purchase of primary residence or to prevent eviction or foreclosure  
☐ Post-secondary educational expenses  
☐ Medical expenses, deductible to the participant  
☐ Major financial pressures  
☐ Funeral expenses  
☐ Natural disasters and/or casualty loss  
☐ Other (describe): \_\_\_\_\_

### c. What is the fee charged for a hardship withdrawal? \_\_\_\_\_

### d. Do hardship withdrawals require the plan sponsor / plan administrator to authorize them?

- ☐ Yes, I approve them  
☐ No, they are processed automatically  
☐ Some types are processed automatically, and some require approval  
☐ No, processed automatically through SECURE 2.0 self certification

### e. What money sources are available for hardship withdrawals?

- ☐ Employee sources only  
☐ Vested account and employee sources  
☐ Other: \_\_\_\_\_

### 71a. Does this plan allow non-hardship in-service distributions?

- ☐ Yes ☐ No (Skip to question 72)

### b. If yes, check all that apply:

- ☐ before age 59½ ☐ after age 59½

### c. What is the fee charged for in-service distributions? \$ \_\_\_\_\_

### 72. Which of the following optional distribution reasons does your plan allow?

#### Check all that apply.

- ☐ Domestic Violence Provision  
☐ Qualified Birth and Adoption (QBAD)  
☐ Disability  
☐ Natural Disasters  
☐ Terminal Illness  
☐ Emergency Withdrawal (\$1,000 per year)  
☐ Other: \_\_\_\_\_

### 73a. Check all of the distribution methods permitted by this plan upon termination prior to retirement as well as options for retirees.

Option	Pre-retirement Distributions	Retirement Distributions
Retain in plan	<input type="checkbox"/>	<input type="checkbox"/>
Lump sum/cash	<input type="checkbox"/>	<input type="checkbox"/>
Annual installments	<input type="checkbox"/>	<input type="checkbox"/>
Monthly or quarterly installment payments	<input type="checkbox"/>	<input type="checkbox"/>
Periodic/partial withdrawals	<input type="checkbox"/>	<input type="checkbox"/>
Annuities	<input type="checkbox"/>	<input type="checkbox"/>
Rollover to another plan	<input type="checkbox"/>	<input type="checkbox"/>
Rollover to Deemed IRA	<input type="checkbox"/>	<input type="checkbox"/>

### b. If annuities are permitted for either pre-retirement or retirement distributions, please identify what annuity option(s) you offer. (Check all that apply.)

- ☐ "In-plan" immediate annuity  
☐ "In-plan" deferred annuity  
☐ A distribution to purchase an annuity  
☐ An "in-plan" longevity annuity (typically commencing at age 85)  
☐ Not applicable  
☐ Other: \_\_\_\_\_

### c. What is the fee charged for retirement distributions? \$ \_\_\_\_\_

### 74. Do you actively encourage participants to keep their assets in the plan at retirement?

- ☐ Yes ☐ No

### 75. Approximately what percentage of terminated employees keep their assets in the plan?

Retirees: \_\_\_\_\_ %  
Separated vested: \_\_\_\_\_ %

### 76. Which of the following policies does your plan use for participants that terminate prior to retirement?

- ☐ Retain in plan regardless of balance  
☐ Retain in plan if the balance is more than \$7,000, transfer balance to an IRA if the balance is between \$1,000 and \$7,000, and pay out balances less than \$1,000  
☐ Retain in plan if the balance is more than \$1,000 and pay out balances less than \$1,000

### 77. Do you provide education to participants beyond the required government forms?

	Yes	No
Pre-retirement distribution	<input type="checkbox"/>	<input type="checkbox"/>
Retirement distribution	<input type="checkbox"/>	<input type="checkbox"/>

### 78a. Are you considering a retirement tier, or tools/products aimed at keeping assets in the plan at retirement and providing an income stream to retirees?

- ☐ Yes ☐ No ☐ Unsure

### b. If yes, what are you doing/considering?

- ☐ Offering a decumulation glide path  
☐ Auto default into lifetime income options at age 55  
☐ Other: \_\_\_\_\_

Numerical Data

1. Estimate the total number of active U.S. employees in your company as of December 31, 2024 (exclude separated, retired and other non-active employees).
- 
2. How many employees were eligible to participate in this plan as of December 31, 2024? Response should be equal to or less than your answer to question 1.
- 
3. How many employed participants had an account balance as of December 31, 2024? Response should be equal to or less than your answer to question 2.
- 
4. How many non-employed participants (i.e., terminated vested employees, etc.) had an account balance as of December 31, 2024?
- 
5. What percentage of participants age 50 and older made catch-up contributions in 2024?
- 
6. What was the total market value of plan assets as of December 31, 2024 (including any outstanding plan loans)?
- \$
7. What was the total (gross) annual payroll of the eligibles reported in question 2, before any employee salary deferrals for 2024?
- \$
8. Estimate the average number of years of plan participation for those who retired during 2024.
- years
9. What was the total company contribution to the plan for 2024 for matching and/or non-matching contributions (if you make both, please break it out by type of contribution, if available).
- Matching contribution: ☐ Not applicable
- Non-matching contribution: ☐ Not applicable
- Total contribution: ☐ Not applicable
10. Estimate your company contribution as a percentage of total net profit (after-tax), if applicable.
- % ☐ Not applicable
11. Please list the total number of participants from question 3 (exclude terminated vested employees) that contributed to the plan in 2024 and the total dollar amount contributed. The total number contributed should not exceed the number with a balance listed in question 3. Then list the number of participants and amount contributed by contribution type (Note: the sum of pre-tax and after-tax does not necessarily equal the total).
- |                                     | Number of Participants | Gross 2024 Contribution |
|-------------------------------------|------------------------|-------------------------|
| Total contributions:                |                        |                         |
| Pre-tax contributions:              |                        |                         |
| After-tax — Roth 401(k):            |                        |                         |
| After-tax — Traditional (non-Roth): |                        |                         |
12. For non-safe harbor plans, please share your ADP and ACP test results for 2024.
- |                                | ADP | ACP |
|--------------------------------|-----|-----|
| By the highly compensated:     | %   | %   |
| By the non-highly compensated: | %   | %   |
13. How many investment funds are available to participants for each type of contribution?
- Company contributions (# funds)
- Participant contributions (# funds)
- Note: Target-date and target-risk families should be counted as a single fund.

14. Estimate the percentage of participants that used investment advice in 2024.
- %
15. What percentage of total plan assets were invested in company stock as of December 31, 2024?
- %
16. Approximately how many participants had loans outstanding as of December 31, 2024?
- 
17. What was the total dollar amount of outstanding plan loans as of December 31, 2024?
- \$
18. How many participants took a hardship withdrawal in 2024?
- 
19. Please indicate the 2024 year-end fund balance for each type of investment options offered in your plan and the number of each type offered. Alternatively, you may submit a list of your funds and the year-end fund balances for each.
- | Fund Type  | Year-end Fund Balance | # of Funds |
|--|-----------------------|------------|
| a. Alternative asset class                           | \$                    |            |
| b. Balanced fund/asset allocation                    | \$                    |            |
| c. Bond-actively managed, domestic                   | \$                    |            |
| d. Bond-indexed, domestic                            | \$                    |            |
| e. Bond, international                               | \$                    |            |
| f. TIPS  | \$                    |            |
| g. Cash equivalents (CD/money market)                | \$                    |            |
| h. Company stock                                     | \$                    |            |
| i. Emerging markets                                  | \$                    |            |
| j. Equity-actively managed, domestic                 | \$                    |            |
| k. Equity-actively managed, international/global     | \$                    |            |
| l. Equity-indexed, domestic                          | \$                    |            |
| m. Equity-indexed, international/global              | \$                    |            |
| n. ESG funds   | \$                    |            |
| o. Real estate fund (including REITs)                | \$                    |            |
| p. Sector funds/commodities (Other than real estate) | \$                    |            |
| q. Self-directed brokerage/mutual fund window        | \$                    |            |
| r. Stable value                                      | \$                    |            |
| s. Target date investment                            | \$                    |            |
| t. Target-risk                                       | \$                    |            |
| u. Participant loans                                 | \$                    |            |
| v. Other (describe):                                 | \$                    |            |
- ☐ I will submit my year-end investment report instead.

Thank you for completing this questionnaire!

Please keep a photocopy of your completed questionnaire(s) if mailing the original. PSCA will treat your information confidentially.

You may submit your completed questionnaire to us via online, fax, or mail, as described on page 1 of the questionnaire.

Questionnaires must be completed no later than **June 6, 2025**.

Please direct questions to [research@psca.org](mailto:research@psca.org), or call 540.323.7828