CITY OF FAIRBANKS, ALASKA 457(b) PLAN PROVIDER - QUESTIONS

ORGANIZATION - 15 POINTS

- A-1 Provide the legal name of the proposing organization and its address, telephone number, fax number and company internet web address. Please provide the mailing address if different.
- A-2 Provide the name, address, telephone number, fax number and e-mail address of the primary contact for matters relating to this RFP.
- A-3 Briefly describe the ownership structure of your organization and any subsidiaries it may have. Identify parent company and any affiliated businesses of the proposing vendor.
- A-4 In what year was your organization founded?
- A-5 Are there any pending agreements to merge or sell your organization? (Yes/No) If yes, please explain.
- A-6 Has your organization ever been petitioned into bankruptcy or insolvency? (Yes/No) If yes, please explain.
- A-7 Please provide your most recent audited financial statement. If the proposing firm is an insurance company please provide your claims paying ability ratings from Standard & Poor's, Moody's or Fitch. If rated by some other service, provide the rating and rating criteria. Also provide rating from A.M. Best Company if available.
- A-8 Describe any litigation, in the past or pending, against your organization or on-site service representatives resulting from its current or past involvement with any deferred compensation, defined contribution or public/private pension plan.
- A-9 Has your organization or have any of your on-site service representatives been cited for breaching contractual procedures and policies, or reprimanded by any regulatory agency within the past ten years?

 (Yes/No) If yes, please describe.
- A-10 How long has your organization been providing services to governmental 457(b) deferred compensation plans?
- A-11 Please complete the following plan profile table, which describes your current clients in the 457(b) marketplace.

Data as of 6/30/2024	Number of Plans
Under 500 participants	

457(b) Plan Provider Page **1** of **12**

From 500 to 1,000 participants	
From 1,000 to 5,000 participants	
Over 5,000 participants	
Under \$10 million	
From \$10 million to \$25 million	
From \$25 million to \$50 million	
Over \$50 million	

A-12 How many 457(b) plans, with 100 participants or more, have you won/lost in the last three years?

457(B) Plan Provider Page **2** of **12**

COMMUNICATION AND EDUCATION – 15 POINTS

Education and Enrollment

Please review City's policies and procedures concerning solicitation to employees

- B-1 Do you currently have staff located in Alaska? (Yes/No)
- B-2 Do you currently have an office located in Alaska? (Yes/No)
- B-3 If no, where is the office located that will service the City of Fairbanks 457(b) Plan?
- B-4 Will you need to hire any additional staff in order to service the City's account? (Yes/No)
- B-5 Will the City be able to have input on its on-site service representative(s)? (Yes/No)
- B-6 Will the City's on-site representative be compensated on a salary basis? (Yes/No)
- B-7 Do you offer on-site representatives commissions, bonuses, incentives or other compensation? (Yes/No) If yes, please describe.
- B-8 Do you require any special licensing or training for on-site service personnel? (Yes/No) If so, please describe.
- B-9 Will you provide on-site, group education and retirement planning sessions on an ongoing basis? (Yes/No) If so, please list the titles of the subjects that are covered in your program. No description necessary.
- B-10 Are you willing to provide individual meetings and group sessions at sites and times specified by the City? (Yes/No) What is the limit to the number of such meeting or sessions that you would be willing to provide?
- B-11 How do you plan to transfer participants from their current provider to your platform? When would you plan to start this process?
- B-12 Do you offer video or web-based educational programs to participants and retirees? (Yes/No) If yes, please list the classes/courses currently available. No description necessary.
- B-13 Do you offer specific investment advice to participants via an online advice provider? (Yes/No) If so please list the online advice provider you use.
- B-14 Do you offer specific investment advice to participants on an in-person basis? (Yes/No) If yes, explain the nature of the service and cost.
- B-15 Does your firm or the firm you're partnered with give investment advice? Does the firm assume fiduciary responsibility for the recommendations that are given to participants? (Yes/No)
- B-16 Quantify your proposed, ongoing, on-site annual enrollment/education commitment. How many group meetings will you commit to perform annually? How many individual consultations? Please complete table.

457(B) Plan Provider Page **3** of **12**

-	Number of 1 hour group meetings	
-	Number of ½ hour Individual meetings	
-	Proposed total number of service hours	

- B-17 Do you offer communication materials that are specifically customized for 457(b) plans? (Yes/No)
- B-18 Are you willing to provide the City customized educational materials at no additional cost? (Yes/No) If yes, briefly describe the level of customization that is available.
- B-19 Do statements include a personal rate of return calculation? (Yes/No)
- B-20 How many days after quarter end until statements are mailed to participants?
- B-21 Are quarterly statements available to participants on-line? (Yes/No) If yes, when?
- B-22 Please provide samples of quarterly participant account statements.

PHONE/INTERNET SERVICES

- C-1 Will you provide a customized internet site for the City? (Yes/No) If yes, briefly describe what level of customization is available.
- C-2 What internet security protocols do you have in place?
- C-3 Are participants able to print account statements for varying time periods, on demand, from your internet site? (Yes/No)
- C-4 Does the plan sponsor have the ability to create a customized participant message for posting on the internet site? (Yes/No)
- C-5 Have there ever been instances where the website was not functioning? (Yes/No) If so, please describe frequencies, duration and how problem was resolved.
- C-6 What level of securities licensing do your phone customer service representatives (CSR) carry?
- C-7 Will you provide customization for the VRU? (Yes/No) If yes, briefly describe the level of customization available on your Voice Response Unit.
- C-8 Please explain how phone and internet passwords are assigned and changed. Will the City be able to assist employees who forget user IDs and/or passwords?
- C-9 Complete the following tables about your phone/internet services regarding the information and transaction capabilities available to participants through Customer Service Representatives (CSR), Voice Response Unit (VRU) and Internet. Indicate availability with yes/no.

457(B) Plan Provider Page 4 of 12

Complete the following table regarding information available.

(Mark yes/no)

(1114111, 765, 1167			l .
Participant Inquiry	CSR	VRU	Internet
- Total Account Balance			
- Account Balance by Fund			
- 457 Deferral Rate			
- Investment Elections			
- Fund Performance			
- Transaction History			
- Withdrawal History			
- Contribution History			
- Outstanding Loan Balance			
- Beneficiary Designation			

Complete the following table regarding transaction capabilities available.

(Mark yes/no)

Transactions	CSR	VRU	Internet
- Enrollment (paperless)			
- Deferral Change (paperless)			
- Fund to Fund Transfers (paperless)			
- Automatic rebalance			
 Future Investment Election Change (paperless) 			
- Prospectus Request			
- Term Distribution (paperless)			

457(B) Plan Provider Page **5** of **12**

ADMINISTRATION AND RECORD KEEPING - 15 POINTS

Recordkeeping

- D-1 Briefly describe the type of recordkeeping system and software used by your organization.
- D-2 Do you plan on any upgrades to this system or software in the next 12-months? (Yes/No) If yes, please describe.
- D-3 Have all your systems (including, but not limited to recordkeeping, Call Center, trust and Internet systems and interfaces) and the procedures used in the recordkeeping and deferred compensation business been independently audited? (Yes/No)
- D-4 How frequently do you conduct system audits?
- D-5 How many plan sponsor clients do you have on the system?
- D-6 How many participants are on the system? What's the capacity?
- D-7 Are public sector 457(b) plans handled any differently from other plan types by your recordkeeping system? (Yes/No) If yes, please describe.
- D-8 Describe your company's backup emergency and disaster recovery system.
- D-9 Are back-up systems off-site? (Yes/No)
- D-10 How often are these systems tested?
- D-11 How do you control access to the recordkeeping system? What security precautions are in place?
- D-12 What are your information security standards, practices and policies, and audit results?
- D-13 How do you validate your information security practices and what levels of security standards have you met and implemented? Do you permit clients to review information security audit results?
- D-14 Describe any information security breaches that have taken place in the past 5 years and describe your response and what steps were taken to mitigate the damage/impact of each.
- D-15 Describe the insurance policies you maintain that cover losses caused by cybersecurity and identity theft breaches.
- D-16 Do you indemnify your plan sponsor clients against losses experienced due to cybersecurity breaches of your systems? What are the limitations built into this indemnification policy?
- D-17 What are your daily protocols and cutoff times for investment transfers between funds?
- D-18 In what format may payroll contributions and information be delivered to you?
- D-19 Can you invest contributions on the same date received? If so, what is the deadline for you to

457(B) Plan Provider Page **6** of **12**

- receive contribution payments and complete the investment of those contributions into the appropriate fund? If not, what is your standard for investment of contributions?
- D-20 Can participants select their own payment cycle for periodic distribution payments? (Yes/No)
- D-21 Is the withdrawal check for a lump-sum distribution mailed immediately upon receipt of the request? (Yes/No) If no, please explain.
- D-22 Is direct deposit to a participant's bank account available for withdrawals? (Yes/No)
- D-23 In the event of a recordkeeping error within your control, will you be financially responsible for making participants and/or the plan whole? (Yes/No)
- D-24 Are there any additional recordkeeping services which are necessary for the administration of the Plan that you do not provide? (Yes/No) If yes, please describe.
- D-25 Do you require the City to accept liability for any aspect of your electronic products and services? (Yes/No) If yes, explain.
- D-26 Confirm the format in which participant information can be delivered to you.

PLAN SPONSOR SERVICES

E-1 List the reports you provide specifically to plan sponsors. Include the frequencies.

Report	Frequencies

(please expand this table as needed)

- E-2 Which of these reports are available directly through your website?
- E-3 Do contribution reports distinguish between new enrollees, decreases and increases? (Yes/No)
- E-4 Are there any additional costs to the plan sponsor associated with ad-hoc reporting? (Yes/No)
- E-5 Indicate what administrative functions the plan sponsor must retain, assuming the City of Fair-banks maximizes the use of your administrative services:

	The City Retains This Function? (Yes/No)	If No, Please Describe (expand cells as needed)
- QDRO Review		

457(B) Plan Provider Page **7** of **12**

_	QDRO Approval	
_	Financial Hardship Review	
-	Financial Hardship Approval	
-	Term Distribution Processing	
-	Min. Required Dist. Processing	
-	Plan Document Review/Up- date	
-	Loan Review and Approval	
_	Contract Exchanges	

- E-6 Are you willing to contact participants who have selected a payment date but who have not provided method of payment instructions?
- E-7 Do you provide a phone line dedicated specifically to plan sponsors? (Yes/No)
- E-8 Do you have a dedicated plan sponsor internet site? (Yes/No)
- E-9 What services do you provide specifically to plan sponsors over the internet? Please complete the table.

Plan Sponsor Services	(Yes/no)
- Participant Account Balance Information	
- Plan Account Balances by Fund	
- Ad hoc Report Writing Capabilities	
- Payroll Deferral Posting Information	
- Total Outstanding Loan Balances	
- Withdrawal Request/Status Tracking	
- Indicative Data Changes	

- E-10 Will the City be assigned a dedicated account manager or managers? (Yes/No)
- E-11 For each employee assigned specifically to the City's account, briefly describe each member's role and where they are located.

457(B) Plan Provider Page **8** of **12**

INTERNAL REVENUE SERVICE (IRS) COMPLIANCE - 15 POINTS

- G-1 Will you provide comprehensive compliance services for the 457(b) Plan? Please list compliance services to be provided, your role and responsibility for each service and your experience in providing these services.
- G-2 Will you provide a compliance review and recommendations for the current 457(b) Plan? What would be reviewed?
- G-3 Will you provide training for the City personnel and plan trustees with regard to:
 - Legal and regulatory requirements? (Yes/No)
 - Fiduciary responsibility? (Yes/No)
- G-4 How many compliance attorneys do you have on staff and are they available to consult with deferred compensation plan clients?
- G-5 Will you provide legal assistance and direction to assure the plans operate in compliance? (Yes/No)
- G-6 Will you provide guidance on amendments to the existing plan document as part of your services? (Yes/No)
- G-7 Do you prepare the Form 5500 for filing? (Yes/No)
- G-8 Do you have an audit package for the Plan auditor? (Yes/No)

457(B) Plan Provider Page **9** of **12**

INVESTMENT PROGRAM - 15 POINTS

Investment Options

- F-1 The Plan currently has no restrictions on investment options for participants. Please confirm any restrictions your firm's recordkeeping system has for accommodating multiple or any combination of models, target date funds and/or core funds.
- F-2 Confirm your recordkeeping system can accommodate the core and target date funds listed below and provide information on any conflicts or restrictions:

Current Plan Investment Funds and Values: (as of 6/30/2024)

Ticker	Option	Fund Name	Market Value
MLSV1	Stable Value	MetLife Strategic Value Annuity	\$6,633
DOXIX	Intermediate Bond	Dodge & Cox Income X	\$127,834
LSBDX	Opportunistic Bond	Loomis Sayles Bond Instl	\$17,843
DFLVX	Large Cap Value	DFA US Large Cap Value I	\$563,002
VFIAX	S&P 500 Index	Vanguard 500 Index Admiral	\$2,911,283
VIGAX	Large Cap Growth	Vanguard Growth Index Admiral	\$2,192,678
VIMAX	Mid Cap Index	Vanguard Mid Cap Index Admiral	\$723,237
DFFVX	Small Cap Value	DFA US Targeted Value I	\$523,106
VSGAX	Small Cap Growth	Vanguard Small Cap Growth Index Admiral	\$180,391
DOXFX	Foreign Value	Dodge & Cox International Stock X	\$125,868
LMGNX	Foreign Growth	ClearBridge International Growth I	\$246,387
CSRIX	Real Estate	Cohen & Steers Instl Realty Shares	\$311,707
PCLIX	Commodities	PIMCO CommoditiesPLUS® Strategy Instl	\$370,787
VTINX	Target Date	Vanguard Target Retirement Income Fund	\$94,433
VTWNX	Target Date	Vanguard Target Retirement 2020 Fund	\$35,246
VTTVX	Target Date	Vanguard Target Retirement 2025 Fund	\$107,712
VTHRX	Target Date	Vanguard Target Retirement 2030 Fund	\$28,246
VTTHX	Target Date	Vanguard Target Retirement 2035 Fund	\$487,272
VFORX	Target Date	Vanguard Target Retirement 2040 Fund	\$80,562
VTIVX	Target Date	Vanguard Target Retirement 2045 Fund	\$299,099
VFIFX	Target Date	Vanguard Target Retirement 2050 Fund	\$59,074
VFFVX	Target Date	Vanguard Target Retirement 2055 Fund	\$256,560
VTTSX	Target Date	Vanguard Target Retirement 2060 Fund	\$30,894
VLXVX	Target Date	Vanguard Target Retirement 2065 Fund	\$1,538
VSVNX	Target Date	Vanguard Target Retirement 2070 Fund	\$0
		Total	\$9,781,391

F-3 What is the maximum number of investment options that can be handled by your system?

457(B) Plan Provider Page **10** of **12**

- F-4 If a fund isn't set up on your network, are you willing to add new funds? (Yes/No)
- F-5 How long does it typically take for you to set up a new fund?
- F-6 What are the minimum revenue share requirements, if any?
- F-7 Please disclose all revenue share agreements you have in place with the funds available through your alliance network.
- F-8 Would you be proposing a stable value or money market option as part of your proposal? Please provide the details/cost and provide any revenue sharing including sub-TA fees you would receive.

Model Portfolios

- F-9 Can you administer a series of customized, pre-mixed Model Portfolios comprised of the plan's underlying core funds? (Yes/No)
- F-10 Would you unitize the Model Portfolios? (Yes/No)

Custodian

- F-11 What are the additional costs of having this Model Portfolio option?
- F-12 Who will be the Plan's custodian?
- F-13 Where is the custodian located?
- F-14 Will they also act as directed trustee? (Yes/No)

Self-Directed Brokerage Account

- F-15 Do you offer a Self-Directed Brokerage Account (SDBA) option? (Yes/No)
- F-16 Are all SDBA transactions processed on-line? (Yes/No)
- F-17 Which brokerage house(s) can be used?
- F-18 Who is the record-keeper of the SDBA?
- F-19 Briefly describe the process for conducting a transaction on the SDBA.
- F-20 How long have you offered an SDBA?
- F-21 How many of your 457(b) clients offer a SDBA as an option?
- F-22 Can you limit the securities offered in the SDBA to just mutual funds? (Yes/No)
- F-23 Discuss any SDBA restrictions regarding asset transfers and trading frequencies that may be imposed.

457(B) Plan Provider Page **11** of **12**

FEES AND EXPENSES - 25 POINTS

All fees, commissions and costs for services provided by the successful Contractor under this agreement shall be paid to the Contractor by individual Plan participants who voluntarily enter into an investment agreement with the Contractor. The City shall not be financially liable to the Contractor for any fees, commissions, costs or expenses for services performed under this agreement.

- H-1 Please describe any fees and expenses related to communications, customization and employee meetings.
- H-2 Provide a fee schedule for the Self-Directed Brokerage Account, if available.
- H-3 Provide a fee schedule for your internet investment advice program, if any.
- H-4 Provide a fee schedule for any services related to financial planning or in-person investment advice.
- H-5 Please provide a line-item list of all other non-asset based, participant-related administration expenses that will be imposed. Items such as per head recordkeeping fees, loan fees and withdrawal processing expenses should be included.
- H-6 Please provide a line-item list of all non-asset based sponsor-related administrative expenses that will be imposed. This would include any special reporting charges, legal fees, administrative processing fees, communications fees, plan document preparation fees (including any fees to maintain, update, and/or ensure compliance of such document with the Internal Revenue Code.)
- H-7 Identify all non-asset based participant and plan sponsor service fees not included above.
- H-8 Will any asset-based charges be assessed outside of investment expense? (Yes/No) If so, please describe.
- H-9 Describe any charges or fees associated with transitioning participants from their present provider to your platform.

457(B) Plan Provider Page **12** of **12**