

Retirement Plan

Intermediary and Service Provider Annual Disclosure Statement

Introduction

Qualified plan fiduciaries are obligated to monitor expenses, to discover the full extent of all remuneration paid to intermediaries/service providers and ensure that expenses/remuneration paid for services to the Plan are reasonable.

Furthermore, fiduciaries are prohibited under ERISA Section 406 from actions which create a conflict between their interest and the interests of the Plan participants and beneficiaries. A prudent fiduciary requires ongoing disclosure of any potential conflicts-of-interest affecting its intermediaries/service providers.

Purpose

- To obtain complete disclosure of all expenses, remuneration and economic benefit, however derived, from current and potential intermediaries/service providers of (plan name) _____ (Plan) as of (date) _____, and;
- To fully explain all possible conflicts-of-interest affecting either current or potential intermediaries/service providers regardless of fiduciary status, as of the above given date.

Instructions

Please complete and sign this form on your company's behalf. You should attach explanatory material in support of your answers, which should include a detailed description of any related entity or affiliate.

Questions should be referred to: (plan sponsor contact) _____
_____ at (phone number) _____.

Intermediary/ Service Provider Information

Company Name: _____
Name of person completing form: _____
Person's title: _____

Nature of services provided by you, any other employees of your firm, your firm or any affiliates and related entities to the Plan:

(check all that apply)

- Brokerage/Securities or insurance sales
- Consultant providing fiduciary oversight or other services
- Custodian
- Trustee
- Plan administrator
- Record-keeping/reporting
- Mutual fund, common trust, or separate account investment management
- Participant education
- Registered Investment Advisor providing advice to *participants* as a fiduciary
- Registered Investment Advisor providing advice to *the Plan* as a fiduciary
- Other: _____

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In providing your services to the Plan, do you, your firm, any employees of its firm, and/or any its affiliates or related entities represent and warrant that you/they act as an **ERISA fiduciary** as defined in Sec 3 (21) A?

yes no

If a "Fiduciary," please note the areas of service for which you, your firm, any of its employees, and/or any of its affiliates or related entities serve as co-fiduciary to the Plan:

(check all that apply)

- Compliance and discrimination testing services
- Record-keeper and participant reporting
- Plan administrator
- Participant education
- Registered Investment Advisor providing advice to the participants
- Registered Investment Advisor providing advice to the named fiduciary, trust committee, or plan committee
- Investment Manager of mutual funds, common trusts or separate accounts
- Custodian
- Trustee, Directed
- Trustee, Discretionary
- Other: _____

Do you, your firm, its employees, and/or any of its affiliates or related entities own any beneficial interest in or are part of a broker/dealer, money management firm, third party administrator, insurance company or other organization that sells investments, administration, auditing, legal, or related services to the Plan?

yes no *If "yes," describe all in detail.*

The Revere Coalition

Do you, your firm, its employees, and/or any of its affiliates or related entities receive any remuneration or other economic benefit from any broker/dealer, money management firm, third party administrator, insurance company or any other organization that sells investments, administration, auditing, legal, or related services to the Plan?

yes no *If "yes," describe all in detail.*

Do you, your firm, its employees, and/or any of its affiliates or related entities hold any active securities or insurance licenses issued by the NASD and/or state agency?

yes no *If "yes," describe all in detail.*

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Disclosures

- (1) Disclosure of Remuneration/Economic Benefit - Please also complete and include the accompanying "Disclosure of Remuneration & Economic Benefit" document.

(check all that apply)

- You, your firm, its employees, and/or any affiliated or related entities are paid only fees (i.e. excludes remuneration from revenue-sharing, commission recapture, etc) for its services, the full amount of which have been disclosed, both as to amounts and sources, to the Plan fiduciaries and plan sponsor.
- You, your firm, its employees, and/or any affiliated or related entities are paid fees and/or commissions (including those from revenue-sharing and commission recapture) for its services to the Plan.
- You, your firm, its employees, and/or any affiliated or related entities are paid only commissions and/or revenue-sharing from the Plan's investments for its services to the Plan.
- You, your firm, its employees, and/or any affiliated or related entities are paid compensation from one or more investment entities, intermediaries, or service providers to the Plan.
- You, your firm, its employees, and/or any affiliated or related entities derive(s) an economic benefit from one or more investment entities, intermediaries or service providers to the Plan.
- You, your firm, its employees, and/or any affiliated or related entities receive the following types of remuneration/economic benefit in the following manner directly or indirectly, with respect to services provided to the Plan:

(check all that apply)

- Commissions on investment products
- Dealer spreads
- Fees for service
- Finder's fees and/or Rule 12(b)(1) fees
- Money manager fee-sharing
- Placement fees (such as "Preferred Provider" fees)
- Shareholder servicing fees, program administration, or similar fees
- "Soft dollar" brokerage
- Directed brokerage
- Sub-transfer agency fees
- Transaction-based commissions
- An economic benefit described as: _____
- Other: _____

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- (2) Have the full amounts of all remuneration/economic benefits named above and their corresponding sources, been disclosed to the Plan's fiduciaries and plan sponsor in a clear and understandable format both as to source and amounts?

Yes No

If "yes", please attach copies of the most recent document and materials evidencing this disclosure. If "no", complete the accompanying "Disclosure of Remuneration and Economic Benefit" document.

- (3) For the twelve (12) month period ending (date) _____, please use the accompanying "Disclosure of Remuneration and Economic Benefit" document and subtitled "**For Service Provider's Overall Business Operations,**" and complete it related to what you, your firm, its employees, and any of its affiliated or related entities receive as types of remuneration/economic benefit.

For example, if the types of remuneration/economic benefit received include non-revenue-sharing hard dollar fees, compensation from revenue-sharing dollars, commissions, as well as directed brokerage from funds placed with your affiliates and related entities, please list all of these business sources and the amounts received over the given period.

Certification and Signature

I affirm that I am authorized to complete this document on behalf of (provider company name) _____ and certify that all answers are a true and complete representation of the remuneration and economic benefit received by me, my firm, and any of its employees and any of its affiliates or related entities in relation to the services provided to the Plan.


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Signature: _____

Date: _____

Name: _____

Disclosure of Remuneration and Economic Benefit

For: _____

Applicable Period: _____

Compiled and Submitted by: _____

Date Prepared: _____

Intermediary/Service Provider and/or Investment Fund	Fund Ticker Symbol	Amount of Hard Dollar Fees (not from commission recapture or revenue-sharing)	Amount from Finders Fees (Commissions)	Amount from 12b-1 Fees	Amount from Sub-Transfer Agent Fees	Amount from Shareholder Servicing Fees	Amount from Additional Direct Revenue-Sharing	Amount from Indirect Revenue Sharing – (Describe - Allowances, Subsidies, Conferences, etc)	Any other form of direct or indirect economic benefit (i.e. reciprocal referrals, directed brokerage, etc)
		\$	\$	\$	\$	\$	\$	\$	\$

Total:	\$	\$	\$	\$	\$	\$	\$	\$	\$
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Total of All Compensation & Economic Benefits Received for Period: \$ _____

Disclosure of Remuneration and Economic Benefit For Service Provider's Overall Business Operations

For: _____

Last Twelve (12) Months from: _____

Compiled and Submitted by: _____

Date Prepared: _____

Please provide amounts as percentage of total revenue or economic benefit received during the above given period:

Revenue or Economic Benefit Source (i.e., type of client [retirement plans, foundations, individual investors, etc], fund company, plan administration firm, accounting firm, broker-dealer, law firm, trust company, custodian, etc.)	Amount of Hard Dollar Fees (not from commission recapture or revenue-sharing)	Amount from Finders Fees (Commissions)	Amount from 12b-1 Fees	Amount from Sub-Transfer Agent Fees	Amount from Shareholder Servicing Fees	Amount from Additional Direct Revenue-Sharing	Amount from Indirect Revenue Sharing – (Describe - Allowances, Subsidies, Conferences, etc)	Any other form of direct or indirect economic benefit (i.e. reciprocal referrals, directed brokerage, etc)
	%	%	%	%	%	%	%	%

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