

DIRECTOR ADVANTAGE Proposal Request Form

*PASSport requires Third Party Admin.

TYPE: Full Service PASSport* Investment Only

Employer Information

Employer Legal Name: _____

Address1: _____

Address2: _____

City: _____ ST: ____ Zip: _____

Contact: _____

Title: _____

Phone: (____) - _____ Fax: (____) - _____

Does Employer maintain:

Ownership in any other corporation or business?

No Yes

Any other retirement plans? If yes, describe:

SDBA on current? Yes No

Include with this proposal? (requires minimum \$1 million of existing assets) Yes No

Include **mPower** Financial Advice Service with this proposal? Yes No

Death Benefit: Return of Account Balance (std)
 Stepped Up (additional charge)

401(k)/Profit Sharing Money Purchase

Profit Sharing

New Takeover

Conversion of existing HLI contract

Eligible/ Participating employees: _____ / _____

Estimated employee contributions: \$ _____

Estimated matching contributions: \$ _____

Estimated employer contributions: \$ _____

If Takeover Plan complete the following:

Estimated takeover assets: \$ _____

Estimated conversion assets: \$ _____

Are takeover assets subject to penalties?

No Yes Estimated Amt \$ _____

Is the current Plan a:

- Prototype Plan Document? Yes No
Multiple Employer Plan?

Yes No

Financial Advisor Information

Broker Name: _____

Social Security #: _____ - _____ - _____

Firm Name: _____

Address1: _____

Address2: _____

City: _____ ST: ____ Zip: _____

Phone: (____) - _____ Fax: (____) - _____

E-mail address: _____

Broker/Dealer: _____

*Pension Admin _____
o Select o Approved

Hartford Sales Rep _____

PLANCO Wholesaler _____

Channel: Brokerage Bank Independent

Mailing Information

Qty: _____ Date needed: _____

Date on proposal: _____

Name: _____

Address1: _____

Address2: _____

City: _____ ST: ____ Zip: _____

Minimum Product Requirements

\$50,000 in annual cash flow and 25 participants, or
\$70,000 in annual cash flow and 10 participants, or
\$50,000 in annual cash flow and at least \$200,000
existing assets and 10 participants.

We will review for exceptions.

Return FAX to: 800-310-4852

For assistance call Hartford Life Sales

Support: 800-874-2502 option 4

RFP Submitted by _____