Request for Proposal

RFP 2020-02

Attachment F: Business References

List a minimum of four business references. At least two (2) references must be from respondents/individuals involved with the public sector 457(b) and 401(a) plans. Do not list any State of Indiana employee as a business reference. If you have held a State of Indiana contract within the last five years, provide a separate list of the contract(s).

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| --- | --- |
| **Contact Name & Title** |  |
| **Business Name** |  |
| **Address** |  |
| **Email** |  |
| **Phone #** |  |
| **Current TPA (YES or NO)** |  |
| **Years Associated** |  |
| **Type of Work Performed** |  |
| **Number Participants** |  |
| **Amount of Plan Assets** |  |

|  |  |
| --- | --- |
| **Contact Name & Title** |  |
| **Business Name** |  |
| **Address** |  |
| **Email** |  |
| **Phone #** |  |
| **Current TPA (YES or NO)** |  |
| **Years Associated** |  |
| **Type of Work Performed** |  |
| **Number Participants** |  |
| **Amount of Plan Assets** |  |

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| --- | --- |
| **Contact Name & Title** |  |
| **Business Name** |  |
| **Address** |  |
| **Email** |  |
| **Phone #** |  |
| **Current TPA (YES or NO)** |  |
| **Years Associated** |  |
| **Type of Work Performed** |  |
| **Number of Participants** |  |
| **Amount of Plan Assets** |  |

|  |  |
| --- | --- |
| **Contact Name & Title** |  |
| **Business Name** |  |
| **Address** |  |
| **Email** |  |
| **Phone #** |  |
| **Current TPA (YES or NO)** |  |
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| **Type of Work Performed** |  |
| **Number Participants** |  |
| **Amount of Plan Assets** |  |