



Retirement Plan & Request for Proposal



American National Insurance Company

Agent Information

Name: _____ Agent PC (if known): _____
Phone: (_____) _____, Ext. _____ E-mail: _____
Affiliation: _____

Business Information

Name of Company/Business: _____
Address: _____
City: _____ State _____ Zip _____
Name of Contact Person: _____
Phone: (_____) _____, Ext. _____ E-mail: _____
Type of Entity: "C" Corporation Sole Proprietor LLC taxed as Sole Proprietor/Partnership
(Check One) "S" Corporation Partnership (incl. LLP) LLC taxed as Corporation
 Non-Profit Other _____
Year Business Began: _____ Business Tax Bracket: _____%
Tax Year of Business from _____ to _____

Important Business Information

Controlled Group/Affiliated Service Group Information (if applicable)

Do any owners of this business (or their spouses) have ownership interest in any other business? Yes No

If Yes, please provide details: _____

American National does not provide tax or legal advice, nor can they render an opinion regarding a controlled group or an affiliated service group situation. Please consult with legal counsel to determine whether or not such a situation exists with your company/business.

Goals/Objectives

Rank the importance of the Business' objective in establishing a retirement plan:

	Low				High
Maximize Total Contribution	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Maximize Contribution to Owner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Minimize Contribution to Employees	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Favor Certain Employee Groups	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Flexibility of Contributions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Employee Retention/Incentive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

List other objective(s) _____

Type(s) of plans being considered (Check All That Apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Traditional Defined Benefit | <input type="checkbox"/> Profit Sharing | <input type="checkbox"/> Check here if unsure -
we'll do the rest! |
| <input type="checkbox"/> 412(e)(3) Fully Insured Defined Benefit | <input type="checkbox"/> 401(k) | |
| <input type="checkbox"/> Cash Balance | <input type="checkbox"/> Safe Harbor 401(k) | |

Contributions

Business Income: Consistent Variable (Choose One)

Employee Turnover: High Low (Choose One)

Desired amount of annual contribution (dollar amount or percentage of payroll): _____

Existing Plan Information

Type of Existing Plan: 401(k)/PS PS Only Defined Benefit 412(e)(3) Other _____

Current Plan Year from _____ to _____

Total Current Annual Contribution: _____ Current Value of Plan Assets: _____

Name of Current Provider: _____

What do you like most about your current plan? _____

What do you like least about your current plan? _____

IMPORTANT – Please submit, along with this fact-finder, the following:

Copy of most current adoption agreement for existing plan

Copy of base plan/trust document

Copy of last two 5500 Forms (with all schedules)

Copy of IRS Opinion/Determination Letter

408(b)(2) Disclosure (current plan fees)

If you are requesting a review of an existing Defined Benefit Plan, please also submit:

Copy of the last two Actuarial Valuations and AFTAP Certifications

Copy of the last two 5500 Forms (with all schedules)

Additional Comments

Census Information on Owners*

Name	Date of Birth	Date of Hire	Owner Percent	Current Salary	Last Prior Year Salary	2nd Prior Year Salary	3rd Prior Year Salary

*Owners of C-Corps, S-Corps and LLCs taxed as **corporations** report **W-2 Salary**
 Sole Proprietors, Partners and LLCs taxed as **non-corporate** entities report **net earned income**

Census Information for All Other Employees

Name	Date of Birth	Date of Hire	Salary	Relationship to Owner	Part-Time?

Note: "Part Time" means that the employee works less than 1,000 hours per year. Please list "Ownership Percent" of all Owners. State family relationships to Owner(s) such as spouse, child, parent, etc.

Contact Pension Sales by:
 Phone: 888-909-6504 | E-mail: pensionproposals@americannational.com | Fax: 409-766-6995

Personal Information should not be submitted via unsecured e-mail.

Neither American National Insurance Company nor its agents give legal or tax advice. Clients should contact their attorney or tax advisor on their specific situation. American National Insurance Company, Galveston, Texas.