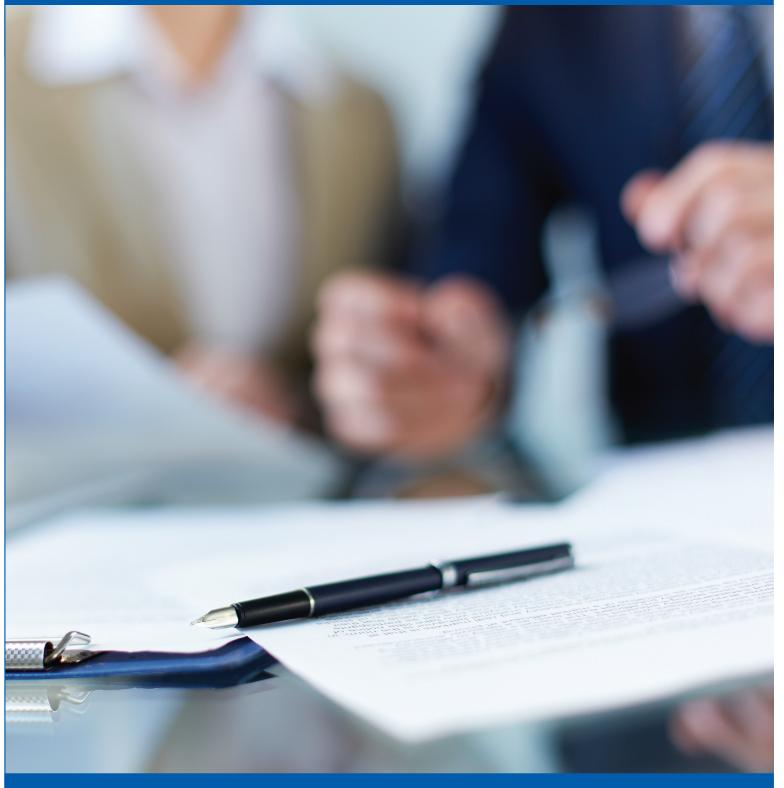


Retirement Plan & Request for Proposal



American National Insurance Company

Agent Information		
Name:	A	agent PC (if known):
Affiliation:		
Business Information		
Name of Company/Business:		
Address:		
City:	State _	Zip
Name of Contact Person:		·
·		LLC taxed as Sole Proprietor/Partnership
(Check One) "S" Corporation	·	·
□ Non-Profit	• • • • • • • • • • • • • • • • • • • •	
Year Business Began:		Business Tax Bracket:
· ·		70 / A
Important Business Informa	tion	
Controlled Group/Affiliated Service Group	Information (if applicable)	
Do any owners of this business (or their sp	• • • • • • • • • • • • • • • • • • • •	ny other business? 🗆 Yes 🗆 No
If Yes, please provide details:	•	•
American National does not provide tax o	r leaal advice, nor can thev render	an opinion regarding a controlled group or an
affiliated service group situation. Please co		e whether or not such a situation exists with your
company/business.		
Goals/Objectives		
Rank the importance of the Business' object	ctive in establishing a retirement pl	an:
Rank the importance of the business object		igh
Maximize Total Contribution		□ 5 = -
Maximize Contribution to Owner		□ 5 □ 5
Minimize Contribution to Employees		□ 5 □ 5
Favor Certain Employee Groups Flexibility of Contributions		□ 5 □ 5
Employee Retention/Incentive		
List other objective(s)		
List office objective(s)		
Type(s) of plans being considered (Check	All That Apply)	
☐ Traditional Defined Benefit	☐ Profit Sharing	☐ Check here if unsure -
☐ 412(e)(3) Fully Insured Defined Be	enefit \square 401(k)	we'll do the rest!
\square Cash Balance	☐ 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:
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

Confidential Census Information

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 <u>corporations</u> report <u>W-2 Salary</u> Sole Proprietors, Partners and LLCs taxed as <u>non-corporate</u> entities report <u>net earned income</u>

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.