

## Advisor/Representative 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 \_\_\_\_\_  
Date Business Began: \_\_\_\_\_ Business Tax Bracket: \_\_\_\_\_ %  
Tax Year of Business from \_\_\_\_\_ to \_\_\_\_\_

## Additional Business Information

Controlled Group/Affiliated Service Group Information (if applicable)

Do any owners of this business 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"/> SEP or Simple IRA                         |
| <input type="checkbox"/> 412(e)(3) Fully Insured Defined Benefit | <input type="checkbox"/> 401(k)             | <input type="checkbox"/> Check here if unsure - we'll do the rest! |
| <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

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# Confidential Census Information

## Census Information on Owners\*

Name	Date of Birth	Date of Hire	Owner Percent	Tobacco Status	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	Tobacco Status	Relationship to Owner	Part-Time?

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