

Retirement Plan and  
**Request for Proposal**



## 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: \_\_\_\_\_  
 First day of taxable year. Last day of taxable year.

## 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, including names of other owners, their ownership percentages and their relationships

(e.g., spouse or child): \_\_\_\_\_

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  1  2  3  4  5

Maximize Contribution to Owner  1  2  3  4  5

Minimize Contribution to Employees  1  2  3  4  5

Favor Certain Employee Groups  1  2  3  4  5

Flexibility of Contributions  1  2  3  4  5

Employee Retention/Incentive  1  2  3  4  5

List other objective(s): \_\_\_\_\_

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

Traditional Defined Benefit  Profit Sharing  Cash Balance  Check here if unsure –  
 412(e)(3) Fully Insured Defined Benefit  401(k)  Safe Harbor 401(k) we'll do the rest!

# Contributions

Business Income (Choose One):  Consistent  Variable  
 Employee Turnover (Choose One):  High  Low  
 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 <sup>1</sup>							
Name	Date of Birth	Date of Hire	Owner Percent	Current Salary	Last Prior Year Salary	2nd Prior Year Salary	3rd Prior Year Salary

Census Information for All Other Employees					
Name	Date of Birth	Date of Hire	Salary	Relationship to Owner	Part-Time?

**1) 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.**

**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.