

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	<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)

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

