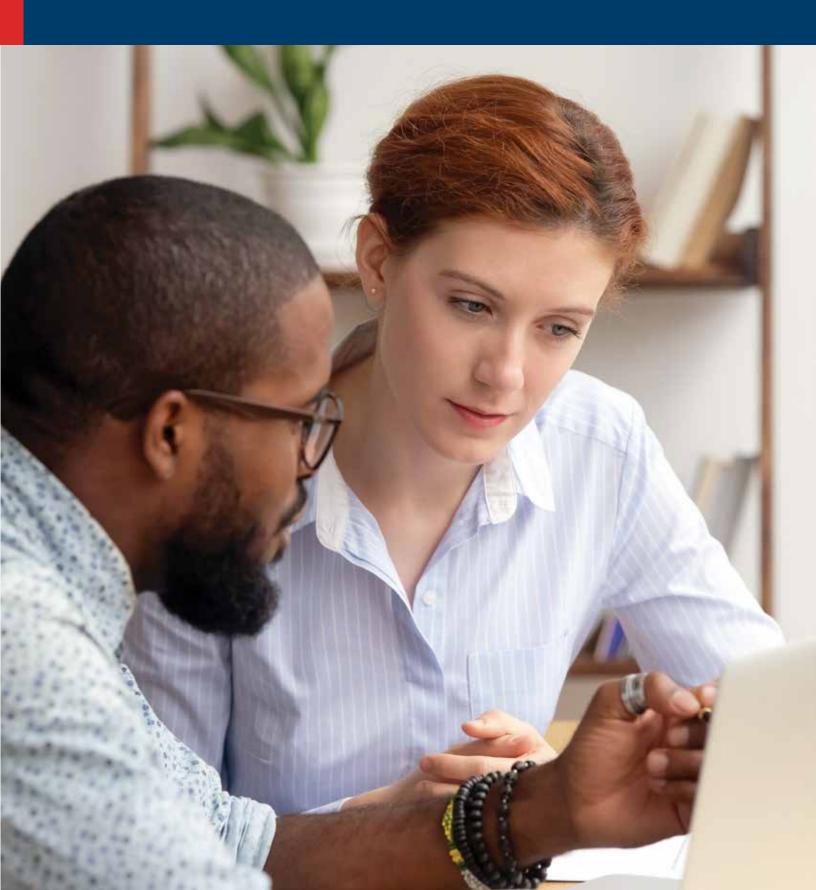
# Retirement Plan and Request for Proposal





## **Agent Information**

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

#### **Business Information**

Name of Compan	y/Business:		
Address:			
City:		State:	Zip:
Name of Contact P	erson:		
Phone: ()		Ext E-mail:	
	•	Partnership (incl. LLP)	LLC taxed as Sole Proprietor/Partnership
Year Business Beg	gan:	Βι	siness Tax Bracket:%
Tax Year of Busine	ess from:	t	0:
	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?  $\Box$  Yes  $\Box$  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	<u> </u>	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	<b>1</b>	2	3	4	5
Employee Retention/Incentive	<b>1</b>	2	3	4	5
List other objective(s):					

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

Traditional Defined Benefit	🗌 Profit Sharing
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 $\Box$  412(e)(3) Fully Insured Defined Benefit  $\Box$  401(k)

Cash Balance

Check here if unsure – we'll do the rest!

#### Contributions

Business Income (Choose One):

Employee Turnover (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?	

Consistent

High

Variable

Low

#### 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 <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 SalarySole 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.

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