



# Design Questionnaire & Enhanced Confidential Census



American National Insurance Company

## 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" 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@anico.com | Fax: 409-766-6995

Neither American National Insurance Company nor its agents give tax advice. Clients should contact their attorney or tax advisor on their specific situation. **American National Insurance Company Galveston Texas.**