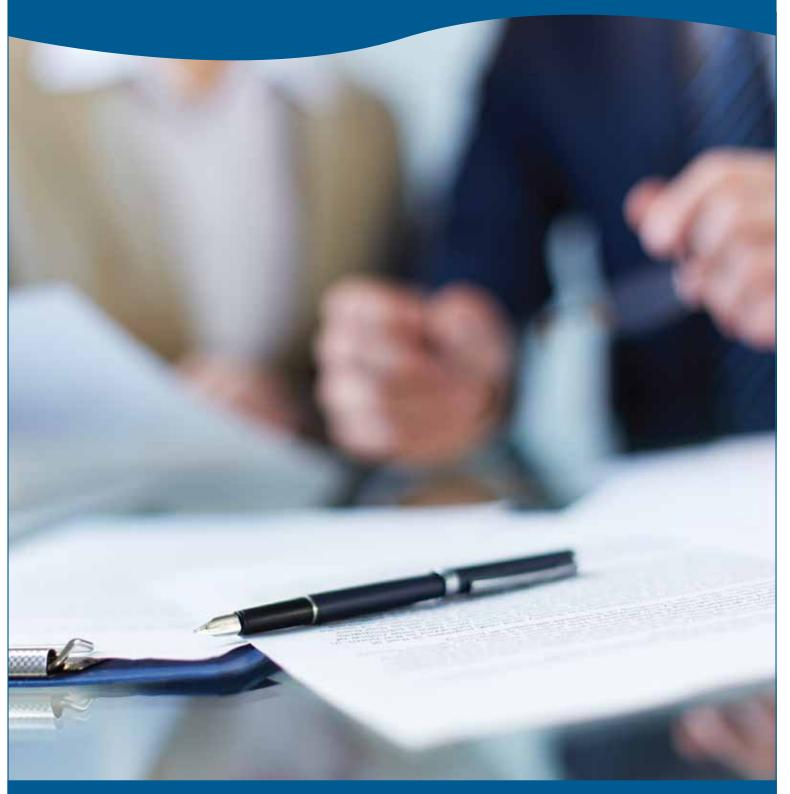


Design Questionnaire & Enhanced Confidential Census



American National Insurance Company

Advisor/Representative Information	ation							
	Agent PC (if known): E-mail:							
Business Information								
Address: City: Name of Contact Person: Phone: ()	State Zip							
	Business Tax Bracket:%							
Tax Year of Business from	to							
Additional Business Information	ı							
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 Low Maximize Total Contribution	High 2							
Type(s) of plans being considered (Check All The Traditional Defined Benefit 412(e)(3) Fully Insured Defined Benefit Cash Balance	□ Profit Sharing □ SEP or Simple IRA □ 401(k) □ Check here if unsure - we'll do the rest!							

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:
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

Confidential Census Information

Census Information on Owners*

Name	Date of Birth	Owner Percent	Current Salary	Last Prior Year Salary	2nd Prior Year Salary	3rd Prior Year Salary

^{*}Owners of C-Corps, S-Corps and LLCs taxed as <u>corporations</u> report <u>W-2 Salary</u> Sole Proprietors, Partners and LLCs taxed as <u>non-corporate</u> entities report <u>net earned income</u>

Census Information for All Other Employees

	D . (D 1 .: 1:		
Name	Date of Birth	Date of Hire	Salary	Tobacco Status	Relationship to Owner	Part-Time?
Trailio	511111	11110	outury /	Oldioo	10 0 111101	1 411 11110.

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.**