

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 – we'll do the rest!
 412(e)(3) Fully Insured Defined Benefit 401(k) Safe Harbor 401(k)

Census Information on Owners¹

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.

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