



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) | |

