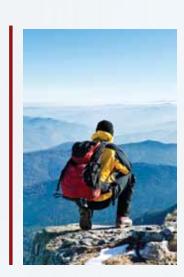
## Design Questionnaire & AMERICAN NATIONAL® Enhanced Confidential Census

from American National Insurance Company



Advisor/Representative	Information	
	, Ext E-mc	Agent PC (if known):
Business Information		
City: Name of Contact Person: Phone:()	State , Ext E-model  \[ \sum \sum \seta \seta \cdot \	te Zip ail: □ LLC taxed as Sole Proprietor/Partnership
□ Non-Profit  Date Business Began:  Tax Year of Business from	□ Other to	Business Tax Bracket:
	Group Information (if applicable ownership interest in any other tax or legal advice, nor can the truation. Please consult with leg	business? 🗆 Yes 🗆 No
Goals/Objectives		
Rank the importance of the Business'  Maximize Total Contribution  Maximize Contribution to Owner  Minimize Contribution to Employees  Favor Certain Employee Groups  Flexibility of Contributions  Employee Retention/Incentive  List other objective(s)	Low	High ☐ 5 ☐ 5 ☐ 5 ☐ 5 ☐ 5 ☐ 5 ☐ 5 ☐ 5 ☐ 5 ☐ 5
Type(s) of plans being considered (C  Traditional Defined Benefit  412(e)(3) Fully Insured Defined  Cash Balance	☐ Profit Sharing	□ SEP or Simple IRA □ 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: $\Box$ 401 (k)/PS $\Box$ PS Only $\Box$ Defined Benefit $\Box$ 412(e)(3) $\Box$ 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)
Copy of the last two 5500 forms (with all schedules)
Additional Comments

## 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

## 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 or 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, One Moody Plaza, Galveston, TX 77550



<sup>\*</sup>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>