



# 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) |  |



