220 East Central Parkway
Suite 3040
Altamonte Springs, Florida 32701

(407) 875-3332
FAX: (407) 875-0189

PENSION
INVESTORS
CORPORATION
OF ORLANDO, INC.

CENSUS DATA SHEET

Name of Company_____

Fiscal Year End_____ **Plan** Year End_____

Type of Corporation:_____ **Date of Inc**orporation _____
(S-Cord, C-Corp, LLC, Sole Proprietor, etc.)

Has your Company ever sponsored another qualified plan? _____
If yes, Type of Plan, Plan status, Plan number_____ _____
_____

Desired Contribution Level: $ _____

Full Name	Soc. Sec. #	Sex	Date of Birth	Date of Hire	Date of Term.	Hours Worked	Annual Compensation
							$
							$
							$
							$
							$
							$
							$
							$
							$
							$
							$
							$
							$
							$
							$
							$
							$
							$
							$

Indicate less than 1000 hours and part-time using (*)
Indicate Shareholders and/or family using (**)
Indicate Union using (***)

Completed by: _____
Date: _____