

CENSUS QUESTIONNAIRE

Plan Sponsor Name

Plan Year End

If this Plan covers employees of more than one company, please give the data for each company.

1. Names of Officers or Partners
Who are Employees:

1a. Titles:

2. Names of Stockholders/Partners
Who are Employees

2a. % of Stock/Partnership
interest owned:

3. Are there other businesses, incorporated or not, owned by this business or the owners of this business? Is this an affiliated service group? () yes () no

4. Please list the name of any employees who are **related** to stockholders.

Name	Relationship	Related to Whom
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. **Fiduciary Surety Bonding Information:**
Name of Insurance Company _____

Amount of Bond \$ _____

6. Do you, or a business you control, maintain any other qualified plan (including frozen plans) for which Pension Investors Corp. does not provide services? () yes () no
If yes, explain. _____

7. Are there **shared** or **leased** employees? () yes () no

Signature Title Date

**PLEASE RETURN THIS FORM WITH YOUR COMPLETED CENSUS TO
Pension Investors Corporation Of Orlando, Inc.
220 East Central Parkway, Suite 3040, Altamonte Springs, Florida 32701
(407) 875-3332 FAX (407) 875-0189**