EMPLOYEE CENSUS DATA FOR PLAN STUDY

Company Name:_____

Fax to: C. Ellner at (310) 553-2284.

Name	Income	Age	Hire Date	% Ownership	Job Classification	Family Code

Please print legibly

% Ownership = indicate owners
Family Code = indicate spouses, children & parents of owners

Broker Information (required):

Name:_____ Company:_____

Address: _____ City, State, ZIP:_____

Phone:_____ Fax:_____ Email:_____