TRINITY PENSION GROUP, LLC℠

Census Request for Plan Study

Downloadable version can be found on our website: www.trinity401k.com under "Forms and Resources"

Company Name:

Date Prepared:

Complete and return to Tracie Hill: FAX 336.289.2466 - OR - EMAIL to thill@trinity401k.com
Questions? Contact Monica Brame at 336.289.2440

Employee Name or Identifier	Date of Birth	Date of Hire	Gross Annual Compensation	FT[1]	Ownership %

[1]FT = Full-Time Employee (1000 hours during 12 month period; works 20 or more hours per week.)

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