EMPLOYEE CENSUS INFORMATION

Name of Company		AFG P 575 Pie
Type of Plan:		Kingsto (570) 7
Plan Year Beginning	and Ending	(570) 7

Please Return To:

Pension Administration ierce Street, Suite 301 ton, PA 18704-5700 714-0720 - Phone 714-0744 - Fax

					Pension Administration							
	Social Security Number	Name of Employee (Last/First/Initial)	Sex (M/F)	Date of Birth	Date of Hire	Code (See Below)	Status Date	Eligible Compensation	Hours of Service	% of Stock	Officer Y/N	Family Y/N
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
	Instructions:						Total:					

1. Complete form for all employees of the Company, including ineligible employees.

2. Eligible Compensation and Hours of Service are for the Plan Year shown above.

3. Hours of Service may be entered by indicating one of the three options: 500 or less; 501 to 999; 1000 or more

I HEREBY CERTIFY this payroll data to be accurate and authorize you to proceed based upon this information. Signature

Status Codes.....

E Union member subject to collective bargaining F Non-resident alien with no U.S. income G Hourly employee N Died H Salaried employee O Other I Maternity/Paternity leave P Disabled J Commission only employee

K Elects out of plan (PERMANENT election) L Elects not to make mandatory contribution M Participation precluded by other plan **R** Normal Retirement

S Early Retirement T Terminated U Has hardship distribution W Postponed Retirement X Approved leave of absence Y Rehired Z Terminated and fully paid out Date