

Termination Notice/Distribution Request Form

Please print all information:

Section A: Identification

Plan Name	
Participant Name	Social Security Number

Section B: Personal Information

Address		
City, State	Zip Code	
Telephone Number	Date of Birth	Date of Hire
Martial Status <input type="checkbox"/> Married <input type="checkbox"/> Not Married	Spouse's Name (If Applicable)	Spouse's Date of Birth

Section C: Termination Information (to be completed by Authorized Plan Representative)

Date of Termination	Hours Worked During Final Plan Year	Compensation During Final Plan Year	
Reason for Distribution ___ Termination ___ Death ___ Disability (Plan Definition) ___ Retirement (Plan Definition) ___ Other			
Prior Distribution(s) to this Participant? ___ Yes ___ No	Date of Distribution	Plan Allows Roth Contributions? ___ Yes ___ No	
Outstanding Loan Balance? ___ Yes ___ No	Current Outstanding Balance	Date of Loan	Date of Last Payment

I hereby certify that the above information is true and correct.

Authorized Plan Representative Signature	Date
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