

*Please print all information:*

<b>Section A: Identification</b>			
Plan Name			
Participant Name		Social Security Number	
<b>Section B: Personal Information</b>			
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	
<b>Section C: Termination Information (to be completed by Authorized Plan Representative)</b>			
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	Reason for Distribution	
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. I have provided the participant with a copy of the Special Tax Notice Regarding Plan Payments.			
Authorized Plan Representative Signature			Date