

NOTICE OF TERMINATION

Plan Name: _____

Participant Name: _____

Date of Hire: _____ Date of Termination: _____

Number of Paid Hours Credited in the Year of Termination: _____

Company Representative's Signature: _____ Date: _____

Printed Name: _____

EMPLOYEE CONTACT INFORMATION

Legal Name: _____

Address: _____

Social Security #: _____ Email Address: _____

Cell Phone #: _____ Home Phone #: _____

Marital Status: _____ Name of Spouse (if applicable): _____

Nearest Relative or Family Member: _____

Address: _____

Phone Number: _____

Participant's Signature: _____ Date: _____

Please Note: This is not a Distribution Request Form. Once the participant is eligible to receive their distribution from the plan they will be forwarded the plan Distribution Forms.