

TERMINATION OR RETIREMENT NOTICE

Name of Plan: _____

TO BE COMPLETED BY EMPLOYER

1. Participant Name _____
2. Mailing Address _____

3. Phone Number () _____
4. E-mail Address _____
5. Social Security Number: ____ - ____ - ____
6. Birth Date ____/____/____ Hire Date ____/____/____ Termination Date ____/____/____
7. Marital Status: Married Single
8. Emergency Contact other than spouse: _____

() _____
9. Hours worked in Plan Year of termination: _____
10. Compensation received in Plan Year of termination: \$ _____
11. **(401(k) Only)** Employee contributions year to date: \$ _____
12. **(401(k) Only)** Payroll date of last deferral: _____
13. Reason for distribution:
 Termination Death Disability (Plan Definition) Retirement (Plan Definition)
 Other: _____
14. Were there any prior distribution(s) to this participant? Yes No
If yes, date of distribution: ____/____/____ Amount: \$ _____
Reason for distribution: _____
15. Does the participant have an outstanding loan balance from the plan? Yes No
If yes, date of loan: ____/____/____ Current outstanding balance: \$ _____
Last loan payment: ____/____/____ Total payments made in current plan year: \$ _____

Signature of Plan Representative

Date

Please forward to:

PACETPA

3451 W. Shaw Avenue, Suite 101
Fresno, CA 93711
559.436.6606 fax: 559.436.4679