

TERMINATION OR RETIREMENT NOTICE

Plan Name _____

TO BE COMPLETED BY EMPLOYER

1. Participant Name _____

2. Mailing Address _____

3. Phone Number () _____

4. Social Security Number: _____ - _____ - _____

5. Birth Date ____/____/____ Hire Date ____/____/____ Termination Date ____/____/____

6. Marital Status: Married Single

7. Hours worked in Plan Year of termination: _____

8. Compensation received in Plan Year of termination: \$ _____

9. **(401(k) Only)** Employee contributions year to date: \$ _____

10. **(401(k) Only)** Payroll date of last deferral: _____

11. Reason for distribution:

Termination Death Disability (Plan Definition) Retirement (Plan Definition)

Other: _____

12. Were there any prior distribution(s) to this participant? Yes No

If yes, date of distribution: ____/____/____ Amount: \$ _____

Reason for distribution: _____

13. 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 or fax to:

Davey Administration Group
2350 W. Shaw Avenue, Ste. 127
Fresno, CA 93711

(559) 436-4679