

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
3451 W. Shaw Avenue, Suite 101
Fresno, CA 93711

FAX (559) 436-4679