

NOTIFICATION OF TERMINATED PARTICIPANT

Plan Name _____

Company Contact _____

Company Name _____

Address _____

City, State Zip _____

Phone _____ Fax _____

*Complete this form and fax to: 815-399-9324
The Pension Specialists, Ltd...P.O. Box 4247...Rockford, IL 61110-0747...Phone: 815-394-5500*

I. PARTICIPANT INFORMATION

Participant _____

Address _____

City _____ State _____ Zip _____

Phone _____

SSN _____ Date of Birth _____

Date of Hire _____ Date of Termination _____

Reason for Request (check only one)

- Termination Retirement Disability
 Death (attach copy of Beneficiary Form)

II. CURRENT PLAN YEAR CENSUS

Terminated prior to current plan year. Data on file.

Gross Compensation: \$ _____ Total Deferrals: \$ _____ Hours Credited: _____

Date of Final Pay Period: ____/____/____

Date Final Contribution was Sent to Investment Company ____/____/____

III. MANDATORY CASH OUT PROVISION

The estimated vested account balance is \$ _____.

Per the provisions of our Plan, if the vested account balance is less than \$1,000 please mail the participant applicable distribution paperwork and if there is no response within 60 days please proceed with cashing out the distribution.

The vested account balance is greater than \$1,000 so please mail the participant applicable distribution paperwork. This distribution cannot be forced due to the vested balance.

Not applicable because participant has returned distribution forms.

IV. TRUSTEE AUTHORIZATION

The above information is true and correct to the best of my knowledge:

I authorize the check be sent to *Plan Sponsor* *Participant*

Signature of Trustee: _____ Date: ____/____/____

Print Trustee Name: _____