

TERMINATION OR RETIREMENT NOTICE (DC)

NAME OF PLAN:

I. TERMINATED PARTICIPANT DATA - Please complete Section I and return to RETIREMENT PLAN CONSULTANTS

Name of Employee: _____ Soc. Sec. ____/____/____

Permanent Mailing Address: _____
(Number) (Street) (City) (State) (Zip)

Spouse's Date of Birth _____ (Defined Benefit Plans Only)

Employment Date _____ Termination Date _____

Hours worked during final Plan Year terminated _____

Compensation for final Plan Year \$ _____
(Include vacation, holidays, illness, disability, layoff, jury duty, military duty, leaves of absence, and amounts paid after separation that represent regular pay – exclude severance pay.)

Reason for Termination: (circle) Quit, retirement, fired, disability, other _____

If amount is under \$1,000 – process distribution without sending options to the participant: ____ Yes

(Date Mailed) (Employer's Signature)

TO BE COMPLETED BY RETIREMENT PLAN CONSULTANTS (Admin/Asst:)

II. By Assistant: Employee# _____ Date of Birth: _____
Vested % ____ for ER Accounts Total Vested Balance at _____ (date) J&S Yor N
Timing of Distribution per document _____ Check Goldmine History/Notes: _____

Prepare the letter with the following:
Cash
Approximate \$ _____ Ins. CSV \$ _____ Payout \$ _____
Includes Taxable Loan Balance of \$ _____ Distribution Code: _____
RPC does 1099R: _____ RPC gets duplicate statements: _____
Financial institution _____ Special processing: _____

III. Reviewed by Administrator: _____ (initial date) – give to Helen

IV Processed by Helen: B-I-S Letter Sent _____ . 94-22 Letter Sent _____
Letter/forms to Administrator: _____ Forms Sent _____

V. Processed by Helen: Signed forms received _____ Payout instructions sent _____
Withholding: Federal \$ _____ State \$ _____

Verification of payout received _____
Date paid _____ Withholding deposited _____
Entered in Dair - P:\1099R or 1993\penlib_____