

Notice of Participant Separation From Service



1. General Information

Plan Name _____

Participant Name _____

Participant Address _____

City _____ State _____ ZIP _____

Date of Birth _____ Date of Hire _____ Date of Separation from Service _____

2. Separation Reason – (select one)

Termination – Employer Initiated
 Death
 Leave of Absence
 Retirement
 Termination – Employee Initiated
 Disability
 Hardship Withdrawal
 Plan Termination
 Other (Specify): _____

3. Payment Information

Hours of Service in Plan Year Participant separated from service. Include hours actually worked plus any other hours for which pay is received (e.g. holidays, sick leave, vacation, etc.)	
Total Compensation Paid in Plan Year Participant separated from service. Include all pay for holidays, sick leave, vacation, etc.	\$ _____

Complete the following section if you sponsor a 401(k) Profit Sharing Plan. If not, skip to Section 4.

Pre-Tax Salary Deferral Contributions made since last plan year end.	\$ _____
Roth Salary Deferral Contributions made since last plan year end.	\$ _____
Matching or other contributions made since last plan year end.	\$ _____

4. Marital and Beneficiary Information

Marital Status: Married _____ Single _____

Spouse's Name _____ Spouse's Date of Birth _____

Is the participant's spouse the sole beneficiary? Yes No N/A

Please list beneficiary information if other than spouse or not married:

Name	Date of Birth	Relationship
_____	_____-_____-_____-	_____
_____	_____-_____-_____-	_____
_____	_____-_____-_____-	_____
_____	_____-_____-_____-	_____

Plan Administrator/Employer _____ Date _____