

NOTICE OF EMPLOYEE TERMINATION

Name of Plan: _____
Plan Year End: _____

TERMINATED PARTICIPANT DATA:

Full Name of Employee: _____

Has the Distribution Package already been provided to Participant? Yes/No

If no, Hicks should send forms to: ___ Trustee, or ___ Participant (*address or email must be provided below*)

Email address: _____

Permanent Mailing Address: _____

Street

City

State

Zip

Social Security Number

Date of Birth

Date of Employment

Date of Termination

How much has the Participant contributed during the year? \$ _____

Amount Matched during the current plan year \$ _____

Employer Match is contributed (per pay period/yearly) _____

Has the final 401(k) contribution been made? Yes/No

If no, when will it be made? _____

Has the final match/employer contribution been made? Yes/No

If no, when will it be made? _____

Number of Hours worked in Plan Year of Termination _____ Prior Year _____

(include hours paid for vacation, holidays, illness, disability and layoff)

Compensation paid in the current plan year \$ _____

Reason for Termination: { } Retirement
 { } Death (please attach a copy of Death Certificate)
 { } Disability (please provide proof of legal disability)
 { } Other (Quit, Fired, Laid-off)

Does the participant have an outstanding loan balance from the plan? ___ Yes ___ No

Current outstanding balance: \$ _____ If yes, date of loan: ___ / ___ / _____

Employer's Signature _____ Date _____

Please fax or e-mail to Hicks Pension Services when completed.