

RETIREMENT ADMINISTRATION, INC.

## Termination Notice/Distribution Request Form

**Please print all information:**

### Section A: Identification

Plan Name

Participant Name

Social Security Number

### Section B: Personal Information

Address

City, State

Zip Code

Telephone Number

Date of Birth

Date of Hire

Marital Status

☐ Married ☐ Not Married

Spouse's Name (If Applicable)

Spouse's Date of Birth

### Section C: Termination Information (to be completed by Authorized Plan Representative)

Date of Termination

Hours Worked During Final Plan Year

Compensation During Final Plan Year

Reason for Distribution

\_\_\_ Termination

\_\_\_ Death

\_\_\_ Disability (Plan Definition)

\_\_\_ Retirement (Plan Definition)

\_\_\_ Other

Prior Distribution(s) to this Participant?

\_\_\_ Yes

\_\_\_ No

Date of Distribution

Reason for Distribution

Outstanding Loan Balance?

\_\_\_ Yes

\_\_\_ No

Current Outstanding Balance

Date of Loan

Date of Last Payment

*I hereby certify that the above information is true and correct. I have provided the participant with a copy of the Special Tax Notice Regarding Plan Payments.*

Authorized Plan Representative Signature

Date