TERMINATION OF EMPLOYMENT DISTRIBUTION REQUEST FORM

Please Complete ALL Fields.

Plan Name: _____

Participant Name _____ ___ _____
First MI Last

_____
Mailing Address of Participant

_____ _____
Phone Number e-mail Address

_____ _____
Marital Status Date of Birth

Mailing: ☐ E-mail
☐ Hardcopy Postal

(This Section is for Employer Representative to Complete)

_____-_____-_____ _____
Social Security Number Date of Hire

_____
Date of Termination

Hours Worked in Current Plan Year: ☐ Less Than 1000 Hours _____/_____/_____
☐ Greater Than 1000 Hours Date of Next Payroll

Approved By: _____ _____ ____/_____/_____
Authorized Plan Representative's Name Authorized Plan Representative's Signature Date

---

(This section is for TPA administrative purposes)

_____% _____ _____
Participant Vesting Age Loan

Email form to distreq@plandesign.com or fax it to 650-341-7409