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:				<u> </u> .
Permanent Mailing Address:(Number)	(Street) (City	(State)	(Zip)	
Employment Date	Termination	n Date		·
401(k) Salary deferral during final Plan Yea Matching contribution deposited during fina	ar \$ al Plan Year \$			
Hours worked during final Plan Year termin	nated			<u> </u> .
Compensation for final Plan Year \$ (Include vacation, holidays, illness, disabili- amounts paid after separation that represent				 nd
Reason for Termination: (circle) Quit, retir	ement, fired, disab	oility, other		
If amount is under \$1,000 – process dis	tribution without	sending options t	to the participan	t:Y
(Date Mailed)	(Employer's	Signature)		
TO BE COMPLETED BY RETIREMEN	NT PLAN CONSU	ULTANTS (Adm	in/Asst:)	
II. By Assistant: Employee#	#	Date of Birth	:	
Vested % for ER Accounts To				S Yor N
Timing of Distribution per document		_ Check Goldmin	e History/Notes:	
Prepare the letter with the following:		Cash		
Approximate \$ Ins. CS	V \$	Payout \$		
Includes Taxable Loan Balance of \$	D18	stribution Code:		
RPC does 1099R: RPC gets d	luplicate statement	s:		
Financial institution	Specia	al processing:		
III. Reviewed by Administrator:	((initial date) – give	to Helen	
IV Processed by Helen: B-I-S Lette	r Sent	94-22 Letter	Sent	
Letter/forms to Administrator:	Forms Set	nt		
V. Processed by Helen: Signed for Withholding: Federal \$	orms received State \$	Payout	instructions sent	
Verification of payout received Date paid Entered in Datair - P:\1099R or 199	_ Withholding de			