

DISTRIBUTION REQUEST- EMPLOYEE TERMINATION

Plan Name: _____

Participant's Name: _____

Social Security Number: _____ Daytime Phone Number: _____

Date of Birth: _____ Date of Hire: _____

Mailing Address: _____

E-Mail Address: _____

Reason for Severance:

Resignation or Discharge --- Date of Separation from Service: ____ / ____ / ____

In-Service Distribution - Amount \$ _____.

Death --- Date of Death: ____ / ____ / ____

Please forward a certified copy of the death certificate.

Permanent Disability --- Date of Commencement of Disability: ____ / ____ / ____

Employment History:

Was the participant always employed on a full-time basis? Yes No

Was this person ever rehired? Yes No

Hours worked during the current plan year: under 500 500-1000 over 1000

Participant's Marital Status:

Married

Single

Divorced

If divorced, did the spouse file a QDRO claim for plan benefits?

Yes No Don't Know

Date of last deferral contribution taken from participant's salary? _____

Loan Information: Does the participant have an outstanding loan balance? Yes No

Date of last loan repayment (if any)? _____

Is the participant a US citizen? Yes No If no, please state country of citizenship _____

Is the participant a US resident? Yes No If no, please state country of residency _____

Completed by: _____

DATE _____

**Return to: PRB Administrators, Inc.
1990 S. Bundy Drive, Ste 410
Los Angeles, California 90025-1448
Fax: (424) 248-2461**