

EMPLOYEE TERMINATION NOTICE

This form is completed for any terminated employee receiving a W-2 (or reportable wage) from the Plan Sponsor for the reporting plan year. Plan entry or plan participation is not the defining criteria.

Completed forms are returned to **Pension Inc.** via **fax** (920-432-7101), or **mail** (Pension Inc., 1980 Commercial Way, Green Bay, WI 54311) or via **Upload File** (Your Plan Sponsor Website, Payroll & File Uploads menu, Upload File) for processing.

Plan Name: _____

Employee Name: _____ **Termination Date:** _____

Soc. Sec Numb: _____ **Date of Birth:** _____

E-mail Address: _____ **Phone Number:** _____

Mailing Address Street: _____

Mailing Address City, State, Zip: _____

Reason for Termination (check appropriate box):

- Employment Terminated – Voluntary
- Employment Terminated – Involuntary
- Employment Terminated – Qualified military service as defined in Code 414(u)
- Normal Retirement – Plan defined age
- Death
- Death while performing qualified military service as defined in Code 414(u)
- Certified Disability
- Transfer to another Plan Sponsor or Controlled Group Plan (includes a Collectively Bargained Union)

Hours Credited in Plan Year of Termination (check appropriate box):

- Less than 500 Hours
- 501 to 999 Hours
- At least 1,000 Hours

401(k) Plan Contribution Data (If applicable):

Date of paycheck covering final salary deferral contribution: _____ / _____ / _____

Date: _____

Completed By: _____

For Internal Use Only:

<p>____ No J&S ____ \$75 Fee ____ RMD</p> <p>____ Yes J&S ____ No Fee</p> <p>Sent (Date/Initial): _____</p> <p>Sent (Date/Initial): _____</p>	<p>_____ % All Vesting Sources</p> <p><input type="checkbox"/> Override MTCH vesting _____ %</p> <p><input type="checkbox"/> Override PS vesting _____ %</p> <p><input type="checkbox"/> Override _____ vesting _____ %</p> <p>Vendor Partner: _____</p> <p>Contract ID (JH): _____</p>	<p>Term Balance (w/o unrelated Rollover)</p> <p>____ \$0 Term before PED</p> <p>____ \$0 Term after PED</p> <p>____ \$1-\$200</p> <p>____ \$201-\$999</p> <p>____ \$1,000 - \$4,999</p> <p>____ \$5,000 +</p> <p>ROTH ____ Yes ____ No</p> <p>Loan ____ Yes ____ No</p> <p>Unrelated Rollover ____ Yes ____ No</p>
<p>____ Age 55+ in separation year</p>	<p>____ Plan NRA at separation</p>	<p>____ Age 71+ in separation year</p>