

NOTICE OF TERMINATION FORM

Please complete this form immediately following an employee's termination of service with the below referenced plan. **All items must be completed.** Fax this form to Freedom One Retirement Services, thereby directing us to process payment of the individual's distribution.

Employer _____ Plan Name _____
Employee _____ Social Security _____
Address _____ Home Phone _____
City, State, Zip _____ Date of Birth _____
Date of Hire _____ Termination Date _____

Note: If an employee has been terminated and rehired, please specify ALL termination and rehire dates.

REASON FOR DISTRIBUTION (select one):

- Terminated Retired Death- Participant will become 100% vested
 Quit Age 70 1/2 Permanently Disabled - Participant will become 100% vested

1. When will the FINAL paycheck for this employee be issued? _____ (Provide check date)
2. Will 401(k) deferral be deducted from the final paycheck? Yes No
3. How many hours of service did the employee work from the beginning of the current **plan year** to the date of termination: (Important - Please select one – this will be used to determine vesting)
 Less than 500 hours Between 501 and 999 hours 1000 hours or more
4. List any plan years in which the employee failed to complete a year of service as defined by the plan documents (e.g. 2003).

This authorization grants Freedom One Retirement Services the authority to process the benefit payment(s) due to the above named participant. Affected parties should comply with all written requests and directives issued by Freedom One Retirement Services on this matter. Freedom One Retirement Services will be responsible for 1099-R and Federal Income Tax Withholding and reporting.

Plan Trustee Signature

Date

Print Name

