

**Information Required to Process a  
 Participant Termination Request  
 (401-K / Profit Sharing Plans Only)**

For IPD Use Only

Received on: _____ / ____ / ____
Processed by: _____
401-K balance: _____
PS balance: _____
PS vested %: _____

**Instructions:** Please fill out all information to ensure faster processing of the information.

**1 Plan Information.** Fill in information about your pension plan.

Pension Plan Name	Company Name	Company Address

**2 Participant Information.** Fill in information about the terminating participant.

Participant Name	Date of Birth: _____ / ____ / ____	Participant Address
	Date of Hire: _____ / ____ / ____	
Home Telephone: ( ) _____	Social Security Number: _____	Date of Termination: _____ / ____ / ____

**3 Signature Approval.** Sign below to process this participant termination request.

_____	_____
<i>Participant</i>	<i>Date</i>
_____	_____
<i>Plan Administrator</i>	<i>Date</i>