

**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>