

Participant Termination Notice

Complete this form when a plan participant leaves your employment. Please type or print clearly.

Plan Name

Mail Forms Package to: Participant Plan Administrator

Section A - Participant Information

Last Name		First Name				Middle Initial				
Social Security Number		Date of Birth	Month	Day	Year	Date of Hire	Month	Day	Year	Sex (M/F)
Street Address					City			State	Zip	
E-mail Address		Work Telephone Number			Home Telephone Number					

Section B - Termination Information

Reason for Termination (check one):

- Retirement Total Disability Termination of Employment Laid-off
 Death (attach copy of certified death certificate)*

* Please provide the following information for the beneficiary: name, address, social security number, and relationship.

Termination Date	Month	Day	Year
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Has the Participant ever terminated and been rehired: Yes No

DO NOT COMPLETE THIS SECTION IF PARTICIPANT TERMINATED IN A PRIOR PLAN YEAR

Final Plan Year Data (from beginning of the final plan year of employment to termination date):

Complete 1 and 2:

1. Number of Hours Worked (check one)

- 0-500 501-999 1000 or more

Compensation (for plan purposes)

401(k) Plans Only: Participant Contribution Data

Date of paycheck covering final salary deferral contribution

Month	Day	Year
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Section C - Signature

Signature of Plan Administrator

Month	Day	Year
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* You may email this form by clicking the Submit By Email button in the lower right hand corner.

Mail or Fax this form to: Devlin & Hale Associates, Inc.
2234 Silas Deane Highway, Suite 2
Rocky Hill, CT 06067-2352
Tel: 860-258-1910 or Fax: 860-258-1915