

1 PARTICIPANT INFORMATION

Full Legal Name

Date of Birth

Social Security Number

2 EMPLOYER INFORMATION

Employer Name

Address

City

State

Zip

Phone Number

Email Address

3 TERMINATION INFORMATION

Pre-retirement benefits begin upon termination of any and all eligible employment. If the employee has closed their account, subsequent contributions received will be returned to the employer. If the employer is a nonqualified church-controlled organization, termination requires no employment at any related 501(c)(3) controlled group organization as defined by the IRS.

Date of termination _____

4 VESTING INFORMATION*Select one.*

- Employer plan does not have a vesting schedule
- Employee is _____ % vested according to the employer's written plan and vesting schedule, if applicable
- Employee is _____ % vested according to a special approved vesting schedule (only if permitted by written plan)
(This option is not available for highly compensated employees of an organization which is a nonqualified church-controlled organization)

5 EMPLOYER CERTIFICATION AND SIGNATURE

As an authorized representative of the employer, I certify to the following:

- The employee listed above has terminated employment from the employer.
- There are no further contributions to be submitted for this employee.
- There is no verbal, written, or other agreement to continue work on a regular basis or to guarantee a certain number of hours to be worked in any time period. *Exception: Former employees may temporarily fill in for absent employees or work on special projects if time worked is less than 20 hours per week.*
- If the employer is a nonqualified church-controlled organization, the employee is not employed with a 501(c)(3) organization under the same controlled group as defined by IRS.
- If a special approved vesting schedule percentage is indicated above, it is permitted by the employer's written plan, has been approved by the governing board, and a record of said approval is maintained with other plan documentation.

Authorized Employer Representative Signature

Printed Name and Title of Employer Representative

Date