

PARTICIPANT TERMINATION OR RETIREMENT NOTICE

TO BE COMPLETED BY EMPLOYER:

- 1. Participant Name
2. Mailing Address
3. Day Phone No.
4. Social Security #
5. Birth Date Hire Date Term/Retire Date
6. Reason for Distribution: Termination Death Total Disability Retirement
7. Marital Status Married or Separated Single Divorced
8. Hours worked in year of termination:
9. Gross compensation applicable for Plan Year of termination: \$
10. Outstanding Plan Loan Balance: \$ Date of last loan payment:
11. Employee contributions made for Plan Year of termination: \$
12. Employer contributions deposited for Plan Year of termination: \$

Date: Signed: Plan Representative

Please send completed form to:

ALL VALLEY ADMINISTRATORS, LLC
7525 N. Cedar Street, Suite 109
Fresno, CA 93720
Fax (559) 447-1889

\*\*\* THIS SECTION TO BE COMPLETED BY ALL VALLEY ADMINISTRATORS, LLC \*\*\*

- 1. Participant's Employee Account Balance as of last valuation: \$
2. Participant's Employer Account Balance as of last valuation: \$
Vested percentage:
3. Vested portion of Employer account as of last valuation: \$
4. Total vested portion of all accounts: \$

AVA Administrator Process Date Asset Custodian