



REQUEST FOR DISTRIBUTION PACKAGE TERMINATION OF EMPLOYMENT

DO NOT USE FOR LOAN OR HARDSHIP WITHDRAWAL REQUESTS
Fax completed form to 508-890-2302 or email to mail@bdsconsultinggroup.com

PLAN NAME _____

PARTICIPANT INFORMATION

Participant's Name _____

Date of Birth _____ Date of Hire _____ SSN _____

TERMINATION INFORMATION

Date and Reason for Termination (select one)

____/____/____	Fired	Quit	____/____/____	Retired	Normal	Early
____/____/____	Deceased		____/____/____	Permanently Laid Off		
____/____/____	Permanently Disabled		____/____/____	Other	_____ (Specify)	

Hours Worked during this plan year (circle one): Less than 500 500 – 1000 1000+

PAYROLL INFORMATION

Compensation paid for this plan year: \$ _____

Salary Deferral Contribution made during this plan year: \$ _____

Employer Match Contribution made during this plan year: \$ _____

Other Contributions made during this plan year: \$ _____ Contribution Type: _____

Approximate Date of Final Deposit to Account: ____/____/____

AUTHORIZATION

Requestor (Print Name) _____ Signature _____ Date _____

FOR BDS USE ONLY:

Spousal Consent: YES NO Roth (k): YES NO Mail E-Mail Fax Added to Fee Log: YES NO

Participation Date ____/____/____ Early Retirement Date ____/____/____ Normal Retirement Date ____/____/____

Vested % _____ Prepared by: _____ Checked by: _____

Notes: _____