

**PRELIMINARY TERMINATION DATA FORM**

**Plan Name:** \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Participant's Mailing Address: \_\_\_\_\_

**PARTICIPANT'S MARITAL STATUS:**

\_\_\_\_ Married (Spouse's Date of Birth: \_\_/\_\_/\_\_)

\_\_\_\_ Single

\_\_\_\_ Divorced

Does a spouse or former spouse have an interest in the Participant's plan benefits?

\_\_\_ Yes \_\_\_ No \_\_\_ Don't Know

**REASON FOR TERMINATION:**

\_\_\_\_ Date of Resignation or Discharge \_\_\_\_\_

\_\_\_\_ Date of Commencement of Permanent Disability \_\_\_\_\_

\_\_\_\_ Date of Death \_\_\_\_\_ (Please forward a certified copy of Death Certificate).

\_\_\_\_ Normal Retirement Age

**EMPLOYMENT HISTORY:**

Was the Participant always employed on a full-time basis?

\_\_\_ Yes \_\_\_ No (If no, please provide employment history)

Was the Participant ever rehired?

\_\_\_ No \_\_\_ Yes (If yes, please provide employment history)

Hours worked by the Participant during the plan year in which termination occurred:

\_\_\_ Under 500 \_\_\_ 500 to 999 \_\_\_ 1000 and over

Has the Participant made any 401(K) PROFIT SHARING PLAN deferrals or rollovers to the plan during the year in which termination occurred? \_\_\_ No \_\_\_ Yes (Amount: \$\_\_\_\_\_)

Does participant currently have any loans outstanding from the plan?

\_\_\_ No \_\_\_ Yes (If yes, please provide loan balance \$\_\_\_\_\_)

I declare under penalty of perjury under the laws of the State of California that the above information is true, complete and correct of my own knowledge.

**Date:** \_\_\_\_\_

**Administrator**

\_\_\_\_\_  
**Signature of Personnel Director or Plan**

\_\_\_\_\_  
Please Print Name and Title