

Goldberg, Swedelson & Associates, Inc.

Pension & Profit Sharing Consultants

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Participant Termination Notice

Employer Information

Name of Employer/Plan	<input type="text"/>
Company Contact	<input type="text"/>

Terminated Employee

Name <input type="text"/>		Social Security Number (Last 4 digits) <input type="text"/>
Date of Termination <input type="text"/>	If Applicable: Amount of Year to Date Reg. Deferrals <input type="text"/>	Date of Last Deferral or Match deposit <input type="text"/>
Date of Birth <input type="text"/>	Amount of Year to Date Roth Deferrals <input type="text"/>	
	Amount of Year to Date Wages <input type="text"/>	
Reason for Termination <input type="checkbox"/> Death <input type="checkbox"/> Disability <input type="checkbox"/> Retirement <input type="checkbox"/> Employment Terminated: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Other <input type="text"/>		Hours worked from beginning of Plan Year to Date of Termination <input type="checkbox"/> Less than 500 <input type="checkbox"/> Between 501 – 999 <input type="checkbox"/> 1000 or more
Last known Address & Phone Number Last Known Address <input type="text"/>		Outstanding Participant Loan Balance: (If Applicable) \$ _____ as of (Date) _____
Phone Number <input type="text"/>		
Email Address <input type="text"/>		

All information provided above is accurate and complete to the best of my knowledge. GSA is authorized to process distributions for the above employee.

Plan Sponsor/Administrator

Date

Please EMAIL the completed form to: distributions@gsapension.com or FAX to: (818) 501-2955