



Notice of Terminated Participant

Fee Notice: Submission of this form to TriStar constitutes a request for distribution paperwork, for which fees will be charged to the appropriate party. Due to the time involved in the distribution process, these fees will be charged regardless of whether or not the participant can be forced out of the plan due to a low balance, or does not return the paperwork to us for processing and allows it to expire after 180 days.

Instructions: Please complete this form for any plan participants with account balances at the time of the participant's termination of employment. Once completed, return the form to TriStar, at which time we will send a termination distribution packet to the employee to start the distribution process. Forms which are not completed in full will delay the distribution process.

Plan Name: _____

Participant Information:

First Name: _____ Middle Name: _____ Last Name: _____
 DOB: ____/____/____ Last 4 of SSN: _____ E-Mail: _____
 Phone: _____ Address: _____ City: _____ State: ____ Zip: _____

Participant Employment Information:

Date of Hire: ____/____/____ Date of Termination: ____/____/____ Hours worked in current plan year: _____
 Hours worked in previous plan year: _____ Last Payroll Date: ____/____/____
 Date of Last Contribution: ____/____/____ Date of last deposit to the plan: ____/____/____

Participant Loan Information:

Does the participant have an outstanding loan balance? YES NO
 Number of loan payments since last valuation? _____
 Total loan repayment amount since last valuation? _____
 Date of last loan payment (mm/dd/yy)? _____

Have all current year contributions been paid into the plan for this participant? YES NO
 Have the receivables from prior plan years been paid into the plan for this participant? YES NO

Additional Comments:

Completed By: _____ Phone: _____ Date: ____/____/____

**Return completed form to TriStar Pension Consulting
 by Fax: (405) 418-4015 or by E-mail at:
Tiana@tristarpension.com**