



Draft

Participant Distribution Notice

(to be completed by the Employer)

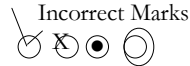
Instructions:

- ◆ Complete this form when a plan participant has terminated employment and has requested a distribution.
- ◆ Attach to this form the Benefit Request Form, signed by the plan participant.
- ◆ Return the signed forms to Pivotal Administrators.
- ◆ Note: if this distribution is on account of a Qualified Domestic Relations Order, the Alternate Payee stated in the QDRO is the "participant" for purposes of this form.

For optimum accuracy, avoid contact with box edges as in this example:

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Instruction: Use blue or black pen to completely fill in the response "○" when appropriate.



Correct Mark



A. Section I - Participant Information

Company Name _____

Retirement Plan Name _____

Participant's Last Name _____ First Name _____ MI _____

Participant's Street Address _____

City _____ State _____ Zip _____

Case Number

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Social Security Number

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B. Distribution Reason:

- Termination Date: ____/____/____
- Voluntary Termination of Employment
 - Involuntary Termination of Employment
 - Total Disability
 - Death (attach Death Certificate)
 - Retirement on ____/____/____
 - Attainment of age ____
 - Qualified Domestic Relations Order
 - Termination of Retirement Plan

D. 401(k) Plan Contribution Data

Date of paycheck covering final salary deferral contribution: ____/____/____

E. Has this participant ever terminated and been rehired?

Yes No

F. Does this participant have an outstanding loan from this retirement plan?

Yes No

C. Hours worked in final plan year of employment: _____

_____ Date _____
 Authorized Employer Representative

Give the participant: Section II - What To Do Next...

- ◆ A "Special Tax Notice Regarding Plan Payments"
- ◆ A "Benefit Request" form
- ◆ Return to Pivotal Administrators:
 - this "Participant Distribution Notice", and
 - the signed "Benefit Request" form

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