

PARTICIPANT TERMINATION OR RETIREMENT NOTICE

TO BE COMPLETED BY EMPLOYER:

- 1. Participant Name
2. Mailing Address
3. Day Phone No.
4. Social Security #
5. Birth Date Hire Date Term/Retire Date
6. Reason for Distribution: Termination Death Total Disability (per Plan) Retirement (per Plan)
7. Marital Status Married or Separated Single Divorced
8. Hours worked in year of termination:
9. Gross compensation applicable for Plan Year of termination: \$
10. Outstanding Plan Loan Balance: \$ Date of last loan payment:
11. Employee contributions made for Plan Year of termination: \$
12. Employer contributions deposited for Plan Year of termination: \$

Date: Signed: Plan Representative

Please send completed form to:

ALL VALLEY ADMINISTRATORS, LLC
7447 N. First Street, Suite 100
Fresno, CA 93720
Fax (559) 447-1889

*** THIS SECTION TO BE COMPLETED BY ALL VALLEY ADMINISTRATORS, LLC ***

- 1. Participant's Employee Account Balance as of last valuation.....\$
2. Participant's Employer Account Balance as of last valuation.....\$
Vested percentage:
3. Vested portion of Employer account as of last valuation.....\$
4. Total vested portion of all accounts.....\$

AVA Administrator Process Date Asset Custodian