



## REQUEST FOR DISTRIBUTION PACKAGE TERMINATION OF EMPLOYMENT

DO NOT USE FOR LOAN OR HARDSHIP WITHDRAWAL REQUESTS  
Fax completed form to 508-890-2302 or email to [mail@bdsconsultinggroup.com](mailto:mail@bdsconsultinggroup.com)

**PLAN NAME** \_\_\_\_\_

**PARTICIPANT INFORMATION**

Participant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Hire \_\_\_\_\_ SSN \_\_\_\_\_

**TERMINATION INFORMATION**

Date and Reason for Termination (select one)

\_\_\_\_/\_\_\_\_/\_\_\_\_  Fired  Quit      \_\_\_\_/\_\_\_\_/\_\_\_\_ Retired  Normal  Early  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ Deceased      \_\_\_\_/\_\_\_\_/\_\_\_\_ Permanently Laid Off  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ Permanently Disabled      \_\_\_\_/\_\_\_\_/\_\_\_\_ Other \_\_\_\_\_  
 (Specify)

Hours Worked during this plan year (circle one):  Less than 500       500 – 1000       1000+

**PAYROLL INFORMATION**

Compensation paid for this plan year: \$ \_\_\_\_\_

Salary Deferral Contribution made during this plan year: \$ \_\_\_\_\_

Employer Match Contribution made during this plan year: \$ \_\_\_\_\_

Other Contributions made during this plan year: \$ \_\_\_\_\_ Contribution Type: \_\_\_\_\_

Approximate Date of Final Deposit to Account: \_\_\_\_/\_\_\_\_/\_\_\_\_

**AUTHORIZATION**

Requestor (Print Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR BDS USE ONLY:**

Spousal Consent: YES  NO       Roth (k): YES  NO        Mail  E-Mail  Fax      Added to Fee Log: YES  NO

Participation Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Early Retirement Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Normal Retirement Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Vested % \_\_\_\_\_      Prepared by: \_\_\_\_\_      Checked by: \_\_\_\_\_

Notes: \_\_\_\_\_