

Termination Notification

Fax to: (770) 614-4049

R. Bruce Tanner & Associates, Inc.

Plan

Name: _____

Participant Name: _____

SS#: _____

Address: _____

Date of Termination: _____

Is this participant a rehire? Yes No (If yes, please list the historical dates of hire and dates of termination.)

Actual Hours Worked during current plan year
(Plan Year Beg thru Date of Termination): _____

Payroll Date of Last Contribution for Participant: _____

- Mail Termination Package directly to Participant with a copy of distribution form only to me.
- Mail Package to me and I will forward to participant.

If a second package is sent, another fee of \$56.75 will be charged, as well as a fee to send Certified Return Receipt Request. First package is sent via regular first class mail unless otherwise requested.

Signed: _____

Authorized Plan Representative