

**COMPLETE SECTION I AND SEND TO:**

Moran & Associates, Inc.  
2125 112<sup>th</sup> Ave. NE Suite 140  
Bellevue, WA 98004  
Fax 425-451-1668

Client# \_\_\_\_\_

**SECTION I:(must be completed)**

**Notification of Terminated Participant**

Employer: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of Participant: \_\_\_\_\_

Termination Date: \_\_\_\_\_ Reason: \_\_\_ Retirement \_\_\_ Death \_\_\_ Disability \_\_\_ Employment Terminated

Participant Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Year-to-date salary deferral deposits: \$ \_\_\_\_\_ Year-to-date match deposits: \$ \_\_\_\_\_

Outstanding Loan: (Y / N) \$ \_\_\_\_\_ Year-to-date loan payments: # \_\_\_\_\_

Monthly Loan Payment Amount: \$ \_\_\_\_\_ Date of Last Deposits: \_\_\_\_\_

Hours Worked This Plan Year: \_\_\_\_\_

Distribution Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION II: (To be completed by Moran & Associates, Inc.)**

Accountant/Plan Administrator: \_\_\_\_\_ Distribution Policy: \_\_\_\_\_ PYE: \_\_\_\_\_

Prior Valuation Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Vesting: \_\_\_\_\_ %

Individual A/C? (Y / N) \_\_\_\_\_ Pooled A/C? (Y / N) \_\_\_\_\_ Fund? (Y / N) \_\_\_\_\_

Type of Distribution: \_\_\_\_\_ Claim Form: \_\_\_\_\_ Database Posted: \_\_\_\_\_

**Benefit Calculation**

Plan Name: \_\_\_\_\_

Valuation Date: \_\_\_\_\_ Who Prepares 1099R? \_\_\_\_\_ Code: \_\_\_\_\_

	<u>AMOUNT</u>	<u>ADDITIONS</u>	<u>VESTING</u>	<u>TAXABLE DISTRIBUTION</u>
Pension:	_____	_____	_____	_____
Salary Deferral:	_____	_____	_____	_____
Matching:	_____	_____	_____	_____
Profit Sharing:	_____	_____	_____	_____

Funding Agent: \_\_\_\_\_ Total Taxable Distribution: \_\_\_\_\_

Contact: \_\_\_\_\_ Less Partial Distribution: \_\_\_\_\_

Address: \_\_\_\_\_ Loan Balance: \_\_\_\_\_

\_\_\_\_\_ Federal Income Tax W/H: \_\_\_\_\_

A/C: \_\_\_\_\_ Cash Distribution: \_\_\_\_\_