

Savings Banks Employees Retirement Association

MONEY PURCHASE PLAN NOTICE OF TERMINATION OF SERVICE

INSTRUCTIONS: This form **MUST** be submitted **IMMEDIATELY** upon Termination of Employment and completed by the Employer for ALL terminations. Please **print** all information.

Participant Name: _____ Certificate No: _____
Bank (Employer's) Name: _____ Bank No. _____

SECTION 1. Notice of Termination

1. Date of Termination from Service: _____/_____/_____
2. Pay Period Ending Date of Last Pay: _____/_____/_____
3. CHECK /COMPLETE ONE OF THE FOLLOWING:
 - A. To the best of our knowledge, the Participant WILL NOT join another SBERA 401(k) Employer.
 - B. To the best of our knowledge, the Participant WILL join another SBERA 401(k) Employer.
New Employer Name: _____
 - C. Participant will retire on the above date of termination.
(If Participant has elected to receive benefits, submit "Notice of Retirement Status" form also.)
 - D. Participant is disabled and has not qualified for a Social Security Award Certificate.
(Submit a "Notice of Disability" form with this notice.)
 - E. Participant died on the above date of termination.
(Submit an "Application for Death Proceeds" form with this notice.)
4. Please enter the Participant's employment anniversary date: _____/_____/_____
5. How many Hours of Service has the Participant been credited with since his/her last employment anniversary date?
_____ Hrs. Of Service

PLEASE NOTE: If you do not record actual "HOURS OF SERVICE", the Participant must be credited with 190 Hours of Service for each month in which he/she had or was deemed to have had ONE Hour of Service.

Section 2 - Participant Update

THIS INFORMATION **MUST BE COMPLETED**.
INDICATE THAT ACTION 1 OR 2 OCCURRED.

****If a participant has had no contributions to the plan, a withdrawal form doesn't need to be distributed ****

1. Forms package *has* been distributed to the participant at exit interview: (obtain signature below)

2. Human Resources *has* mailed withdrawal package to the participant: _____ (initials of HR rep)

I have received the withdrawal forms package: _____
(Participant signature)

NOTE: SBERA CANNOT PROCESS DISTRIBUTIONS UNTIL THE FINAL CONTRIBUTION FOR THE PARTICIPANT HAS BEEN RECEIVED, DEPOSITED AND POSTED TO SBERA'S DATABASE.

Participant's current mailing address: (required)

Signature / Title of Bank Plan Representative

Date

For SBERA use only: Date rcv'd _____ Date entered _____ Entered by: _____