

NOTICE OF DISTRIBUTION

(Complete and fax to (209) 572-7411)

Name of Company: _____

Name of Participant _____ SSN # _____
First Last

Address _____
Number & Street City State Zip

Date of Birth Date of Hire Date of Term

Number of Hours Worked This Plan Year

☐ 500 or Less ☐ 501-999 ☐ 1,000 or more

Type of Termination

☐ Left Company ☐ Retirement ☐ Disability ☐ Death

In-Service Distribution (If Document Allows)

☐ Hardship** ☐ Other _____ Amount Requested \$ _____

If Plan is a 401 (K): Employee Deferral amount in the current plan year \$ _____

Outstanding loan balance ☐ Yes ☐ No Amount (if known) \$ _____

Signature _____ Date _____
Employer Plan Representative

**Must complete Hardship Application. If loans are available in Plan, loan must be taken prior to Hardship.

When complete, please fax to Valley Pension Services, Inc. @ (209) 572-7411

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THIS PORTION TO BE COMPLETED BY VALLEY PENSION SERVICES

Individual Accounts

<u>Fund</u>	<u>Amount</u>	<u>% Vested</u>	<u>Vested Amount</u>
PROFIT SHARING	_____	_____	_____
MATCH	_____	_____	_____
SAFE HARBOR	_____	100%	_____
EMPLOYEE	_____	100%	_____
LOANS			(_____)
TPA FEES			(_____)
		Total of Distribution \$	_____