

REQUEST FOR SERVICE TERMINATION BENEFIT

Completed forms may be scanned and emailed to benefits@ebspension.com, faxed to (570) 223-6815, or mailed to Employee Benefit Systems, Inc. at PO Box 609 in Kresgeville, PA 18333-0609. IRS Rev. Rul. 2004-10 and DOL Field Bulletin 2003-3 state that a plan may charge a member's account those fees that are specific to that account. Creation of a benefit election/application package will result in chargeable fees. The value of fees will be impacted by the type of payment requested, investments charged, and the payment amount being requested. For this request the fee of EBS will not exceed \$100. Please note that fees of other parties may apply.

Employer's Name: _____

Plan Name: _____

Participant Name: _____

Social Security Number: _____ Date of Birth: _____

Participant's Home Address: _____

(If Address Includes a PO Box, a Street Address Must Also Be Provided).

Home Telephone: _____ Work Telephone: _____

What is the date that service with the above Employer was terminated? _____

Check off option that describes the nature of this service termination. () Involuntary Service Termination

() Quit () Retired () Disability () Layoff () Death

Is this service termination expected to be permanent? Circle choice. YES NO UNKNOWN

For **Death Benefit** attach the most recent Beneficiary Designation Election, Death Certificate and complete the following:

Beneficiary Name _____

Beneficiary's Relation to Participant Named Above? _____

Beneficiary's Social Security Number _____ Date of Birth _____

Beneficiary's Home Address: _____

(If Address Includes a PO Box, a Street Address Must Also Be Provided).

For **Disability Benefit** attach copy of doctor's certification, or other form of written proof, that person is disabled.

Required Signature

Printed entries MUST be legible. Failure to provide email address shall result in higher fees.

Print Name of Person making this request: _____

Email of person making request: _____

Signature of Person making this request: _____