

# United Benefit Pensions Inc.

35 Pinelawn Road, Suite 103E, Melville, NY 11747  
Telephone: 631-622-3170 • Fax: 631-622-3185

## Notice Of Participant Termination/Loan/Hardship/In-Service Distribution

FROM \_\_\_\_\_ DATE \_\_\_\_\_

### TYPE OF REQUEST:

- Termination/Retirement/Death/Disability PLEASE COMPLETE SECTIONS I & II  
(Give participant *Application for Benefits, Special Tax Notice Regarding Plan Payments & Spousal Consent Form*, if necessary)
- Loan: PLEASE COMPLETE SECTIONS I & III
- Hardship/In-Service Distribution PLEASE COMPLETE SECTIONS I & IV  
(Review the *Hardship Distribution Fact Sheet* for information on Hardship withdrawals)

\*\*\*\*\*

### I. PARTICIPANT INFORMATION:

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

Billing Group or Case Number: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Address: \_\_\_\_\_

\*\*\*\*\*

### II. TERMINATION / RETIREMENT INFORMATION:

Date Of Termination/Retirement/Death/Disability: \_\_\_\_\_

Please list the years the employee **did not** work at least 1,000 hours \_\_\_\_\_  
(If left blank, we will assume the employee worked 1,000 hours in all plan years).

Does this employee have any outstanding loans?  Yes  No If Yes, Amount Paid on Loan to Date: \$ \_\_\_\_\_

\*\*\*\*\*

### III. LOAN INFORMATION: (non-taxable event) - Financial Necessity (NOTE: There may be a processing fee. Please check with Trustee).

Amount Of Loan Requested: \$ \_\_\_\_\_ Length of Repayment \_\_\_\_\_ (Max. 5 years)

Frequency Of Repayment:  Weekly  Bi-Weekly  Semi-Monthly  Monthly  Quarterly

Does this employee have any outstanding loans?  Yes  No If Yes, Amount Paid on Loan to Date: \$ \_\_\_\_\_

\*\*\*\*\*

### IV. HARDSHIP/IN-SERVICE DISTRIBUTION INFORMATION: (taxable event)

NOTE: If applying for a hardship, and if the plan provides for loans and the maximum loan has not been taken, the participant may be required to take a loan and thus must complete the information in Section III.

Amount Requested: \$ \_\_\_\_\_

Give Reason For Hardship: \_\_\_\_\_ Has the reason for the hardship been verified by a Trustee?  Yes  No  
\*\*\*\*\*

This information is required to properly withdraw money from this plan. Please sign below to indicate that the information has been reviewed and is accurate and complete.

Trustee Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

### OFFICE USE ONLY

DATAIR VAL FILE \_\_\_\_\_  
DATAIR DOC FILE \_\_\_\_\_  
VESTING SCHED \_\_\_\_\_  
VESTING % \_\_\_\_\_

VESTING EXCLUSIONS \_\_\_\_\_  
YEARS OF SERVICE \_\_\_\_\_  
DOB \_\_\_\_\_ DOH \_\_\_\_\_  
HCE [ YES ] [ NO ] S/C [ YES ] [ NO ] DIST DATE \_\_\_\_\_