

# ASI

## Pension Administration

### 401(k) TERMINATION, RETIREMENT OR DEATH NOTIFICATION

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This form should be completed on every terminating employee  
regardless if they participate in the 401(k) plan or not.

COMPANY NAME: \_\_\_\_\_

NAME OF EMPLOYEE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

EMPLOYEE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_

DATE OF TERMINATION: \_\_\_\_\_

or  
DATE OF LAY OFF: \_\_\_\_\_

or  
DATE OF RETIREMENT: \_\_\_\_\_

or  
DATE OF DEATH: \_\_\_\_\_

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