

## REQUEST FOR SERVICE TERMINATION BENEFIT

Completed forms may be scanned and emailed to [benefits@ebspension.com](mailto: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: \_\_\_\_\_