

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 charges applicable to a specific account can be charged against that account. Creation of a benefit election/application package will result in chargeable fees. The value of fees will reflect type of payment requested, investments charged, and the amount of payment. The fee of EBS typically does not exceed \$100. Be advised 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: _____

Email address of person being paid benefit: _____

Date employment with the Employer was terminated? _____ Is this a permanent separation? Yes / No

Nature of this service termination. () Involuntary () Quit () Layoff () Retired

() Disability () Death Hours of Service completed in the year of service termination _____

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: _____