Sentinel
Plan Administration

Phone: 573.893.5929 | Fax: 573.893.5936

Trustee Notification of Employee Termination and Authorization to Process Distribution Request

The following individual has terminated employment with our organization. By signing below, we are confirming the accuracy of the information below and authorizing a distribution per the request of the former employee upon presentation of the completed appropriate paperwork.

Plan Name: _____

Employee Name: _____ SSN:_____ - ____ - _____

Date of Hire: _____ / _____ / _____ Date of Termination: _____ / _____ / _____

Total Hours worked in the **current plan** year:_____

Total amount of ROTH Contributions made in the **current plan** year:_____

Last Deposit on behalf of employee has already occurred. YES _____ NO _____

_____ _____

Authorized Signature Date

3407 Knipp Drive
Jefferson City, MO 65109