

# Savings Banks Employees Retirement Association

## NOTICE OF TERMINATION OF SERVICE

INSTRUCTIONS: This form **MUST** be submitted **IMMEDIATELY** upon Termination of Employment and completed by the Employer for ALL terminations. Please **print** all information.

Participant Name: \_\_\_\_\_ Certificate No: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_ Plan No. \_\_\_\_\_

### SECTION 1. Notice of Termination

1. Date of Termination from Service: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
2. Pay Period Ending Date of Last Pay: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
3. CHECK /COMPLETE ONE OF THE FOLLOWING:
  - A. To the best of our knowledge, the Participant WILL NOT join another SBERA Employer.
  - B. To the best of our knowledge, the Participant WILL join another SBERA Employer.  
New Employer Name: \_\_\_\_\_
  - C. Participant will retire on the above date of termination.  
(If Participant has elected to receive benefits, submit "Notice of Retirement Status" form W-12 also.)
  - D. Participant is disabled and has not qualified for a Social Security Award Certificate.  
(Submit a "Notice of Disability" form W-9 with this notice.)
  - E. Participant died on the above date of termination.  
(Submit an "Application for Death Proceeds" form W-14 with this notice if claim is being made.)
4. Please enter the Participant's employment hire date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
5. Number of Hours of Service the Participant has been credited with during the Plan Year from November 1<sup>st</sup> prior to termination. \_\_\_\_\_ Hours. of Service  
PLEASE NOTE: If you do not record actual "HOURS OF SERVICE", the Participant must be credited with 190 Hours of Service for each month in which he/she had or was deemed to have had ONE Hour of Service.
6. How many total Years of Service toward both Benefit and Vesting Service should be credited to the Participant with current SBERA Employer? \_\_\_\_\_ Years of Service  
**\*\*SBERA will rely on this information in the calculation of Benefits under the Plan and in the determination of the Participant's vesting status.**

### Section 2 - Participant Account Update

The information below will update the Participant's account from the start of the current limitation year on October 1<sup>st</sup> to the effective date of termination and used to determine the amount due the Participant.

\$ \_\_\_\_\_

#### GROSS COMPENSATION

Compensation must reflect the Participant's Compensation as defined by your Adoption Agreement from the previous October 1<sup>st</sup> to the date of termination.

**SBERA will notify the Participant and the employer of the Participant's rights and benefits under the Plan.**

Current Address of Participant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature/ Title of Employer Plan Representative

\_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_

For SBERA use only: Date received \_\_\_\_\_ Date entered \_\_\_\_\_ Entered by: \_\_\_\_\_  
Vesting Service \_\_\_\_\_