NOTIFICATION OF PARTICIPANT TERMINATION

_____**Retirement Plan**

Name of Participant: _____

Address: _____

_____

Social Security No.: _____

Date of Birth: _____

Date of Employment: _____

Hours work in plan year: _____ (From ____ to termination)

Reason: _____ Termination of Employment _____ Death

_____ Early Retirement _____ Disability

_____ Normal Retirement

Date the last employee deferral was made to the plan:

_____

Requested by: Employer

_____ _____

_____
Date

Please return this form to:

WSA Pension Services, Inc.
Attn: Pension Department
310 East 96th Street, Suite 200
Indianapolis, IN 46240-3732
FAX: (317) 574-2200