

## Termination/Retirement Notification

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### Part 1 – Plan Sponsor Information

Plan Sponsor \_\_\_\_\_ Employer # \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
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### Part 2 – Retirement/Termination of Employment Information

Provide the requested information for participants who are retiring or have terminated employment. Wespath Benefits and Investments will notify each participant of his or her distribution options from any applicable retirement plans.

Name	Social Security # (last 5 digits)	Termination Date	Retirement Date

Print name of authorized person \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of authorized person \_\_\_\_\_ Position or title \_\_\_\_\_

If you are NOT completing this document online, please complete it and return to Wespath by one of the following methods:

- **Email scanned copy to:** [activeteam@wespath.org](mailto:activeteam@wespath.org) or
- **Fax to:** 1-847-866-4635 or
- **Mail to:** Wespath Benefits and Investments, Attention: Active Benefits, 1901 Chestnut Avenue, Glenview, IL 60025-1604

Be sure to keep a copy for your records.

This form includes and/or is requesting personally identifiable information (PII) and/or protected health information (PHI). You are encouraged to make elections and beneficiary designations online at [benefitsaccess.org](https://benefitsaccess.org). When possible, managing your benefits online is the recommended approach to keep your PII and PHI safe and secure.