

# 401(k) Plan Participant Employment Termination Notification Form



ING  
Attn: Colorado PERA 401(k) Plan  
PO Box 5599  
Boston, MA 02206-5599  
1-800-759-7372

Use this form to notify ING that you have terminated employment with all PERA-affiliated employers. You should also complete this form if you have recently retired and wish to begin making withdrawals from your 401(k) account. After ING has received this form, you may request a withdrawal of your 401(k) account by calling 1-800-759-7372 and selecting the 401(k) option. Please note, there is a 30-day waiting period following your date of termination/retirement before you can request a withdrawal from your 401(k) account.

PLEASE PRINT OR TYPE IN DARK INK

## Member SSN

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Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Last

First

MI

Telephone ( \_\_\_\_\_ ) Work Telephone ( \_\_\_\_\_ )

Address \_\_\_\_\_

Street

City

State

ZIP Code

## Employment Information

Employer(s) Name (please print the names of all PERA-affiliated employers you worked for) \_\_\_\_\_

I am actively employed by at least one of the above PERA-affiliated employer(s)  Yes  No

I am separated from employment with all PERA-affiliated employers  Yes  No

If yes, termination date: \_\_\_\_\_

Note: If you are transferring employment from one PERA-affiliated employer to another PERA-affiliated employer, you are not eligible to withdraw your account unless you are age 59½ or older.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

## Employer's Certification

I certify that \_\_\_\_\_ ended employment on \_\_\_\_\_  
Participant Name month/date/year

Date of last 401(k) contribution \_\_\_\_\_ Amount of final contribution \$ \_\_\_\_\_  
month/date/year

Signature of Payroll/HR Representative \_\_\_\_\_ Date \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer Number \_\_\_\_\_ Title \_\_\_\_\_

Give this form to all PERA-affiliated employer(s) you have worked for in the past six months.