LAR PENSIONS, LLC

84 WEST PARK PLACE
STAMFORD, CT 06901

TEL: (203) 327-5275
FAX: (203) 964-1949

DISTRIBUTION REQUEST – PROFIT SHARING PLAN

Name of Employer: _____

Participant's Name: _____

Address: _____

_____

_____

Phone Number: _____

Social Security Number: _____

Date of Hire: _____

Date of Birth: _____

Date of Termination _____

Hours Worked in Final Plan Year: _____

***Attach final pay stub reflecting total wages for the year for terminated employees.**

Retirement Plan Distributions cannot be made to participants until the final valuation is complete for the year of termination. Often there are employer contributions to be made on behalf of terminated employees that are not required to be funded until the following plan year. The exact amount of contributions due to terminated employees cannot be known until all discrimination testing has been processed and the valuation is complete.

Therefore, **NO** distributions will be made to employees who have terminated during the current plan year until the valuation has been finalized for the year.