

CATHOLIC DIOCESE OF JACKSON
MONEY PURCHASE PENSION PLAN
NOTICE OF TERMINATION OF EMPLOYMENT

Form #8

Adopting Entity: _____ Div. #: _____
The following employee's employment has terminated as stated below:

Employee: _____ Soc. Sec. #: _____
(Last Name) (First Name) (Mid.I.)

Address: _____
(Street Address or P. O. Box) (City) (State) (Zip Code)

Date of Birth: _____ Age: _____ Date Employed: _____

Entry Date into Plan: _____ Date Terminated: _____

Hours Worked in Plan Year During Which Termination Occurred: ___ 0 to 499 Hours
___ 500 Hours or More

Reason Terminated: ___ Disability (100%) ___ Death (100%) ___ Retirement (100%)
___ Resignation ___ Other (Specify) _____

Vested Percentage Due: _____%

For the method of payment, refer to the attached Election of Benefits (Form #9).

Payments to Begin: ___ After OR ___ Before Current Year's Allocation

You are, therefore, authorized and directed to make settlement, if any, with the participant as shown above or the participant's beneficiary(ies).

Date Participant Signature Adopting Entity Representative

Approved: _____ Date: _____
Plan Administrator or Other Authorized Signature

Submit Form To: Catholic Diocese of Jackson
Department of Administration and Finance
P. O. Box 2248
Jackson, MS 39225-2248

(Form #8 - Revised 4-21-93)