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# *Notification of Employee Termination Form*

Name of Employer/Plan: _____

Calpac Acct#: _____

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The following employees have terminated their services with our company. Please note: if the employee(s) were participating in the 401(k) plan, and they wish to take their money out of the plan, a Request for Distribution form must be completed. Under most circumstances, a terminated employee is not required to leave the plan.

| Name | Social Security Number | Date of Termination |
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Employer's Authorized Signature Date

Upon completion of this form, please fax back to California Pensions at (310)553-2284.