



Billings and Company, Inc.
2020 Indian Hills Drive Ste. 100
Sioux City, IA 51104
Toll Free: 800-713-4015
Fax: 866-329-5433

**Advice of
Separation
From
Employment**

Distributions will be processed according to the terms of the plan document.

A. Employee Information (To be completed by the Employer or Participant)	
Employer Name:	
Employee Name:	
Home Address:	
SSN (last 4 digits only):	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single
Date of Birth:	Telephone #:
Email address: _____ <i>If the participant would like to receive their distribution by email, please provide their email address above.</i>	
B. Employee Status (To be completed by the Employer)	
Last Day of Employment:	Outstanding Loan (if applicable):
Date last deferral contribution for this participant was/will be submitted to investment company:	
Date last employer contribution for this participant was/will be submitted to investment company:	
Total hours worked by the Participant during the Plan Year of termination:	
Reason for Separation from Service	
Termination of Employment	
Retirement	
Death (<i>attach certified death certificate and beneficiary form</i>)	
Total Disability	
C. Employer Authorization	
By signing below you are authorizing Billings and Company to process current and future distribution requests made by the Participant pursuant to the Plan Provisions, without further direction from the Plan Administrator. (<i>Additional forms and/or signatures may be required.</i>)	

<i>Authorized Plan Representative Signature/Title</i>	<i>Date</i>
D. Submission Instructions	
Please return to:	
<p align="center">Billings and Company, Inc. 2020 Indian Hills Drive Ste. 100 Sioux City, IA 51104 Toll Free: 800-713-4015 Fax: 866-329-5433 rlblink@billingsco.com</p>	