

**SOUTH CAROLINA STATE FIREFIGHTERS ASSOCIATION  
LENGTH OF SERVICE AWARDS PROGRAM**

**TERMINATION FORM**

**DEPARTMENT:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**TERMINATION DATE FROM DEPARTMENT:** \_\_\_\_\_

**REASON FOR FORM:**

\_\_\_\_ Resignation \_\_\_\_ Terminated \_\_\_\_ Normal Retirement \_\_\_\_ Disability \_\_\_\_ Death\*

I, \_\_\_\_\_, as Chief of \_\_\_\_\_ Fire Dept  
(Print Name)

Certify that the above date and reason for this form is correct.

\_\_\_\_\_  
(Chief's Signature)

\_\_\_\_\_  
(Date)

**PARTICIPATION INFORMATION:**

Address \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Employment \_\_\_\_\_

Vested % \_\_\_\_\_ Email Address: \_\_\_\_\_



Unless you have reached one of the following criteria to receive a pay-out from your 1% fund:

*20 yrs. of Service (with that dept.), Retirement Age (of that dept.), Disability or Death\**  
*\*For Beneficiary Only\**

**METHOD OF DISTRIBUTION (CHECK ONE)**

\_\_\_\_\_ LUMP SUM TO PARTICIPANT OR BENEFICIARY (Taxable Distribution)

- \_\_\_\_\_ 20 Years of Service
- \_\_\_\_\_ Retirement Age
- \_\_\_\_\_ Disability
- \_\_\_\_\_ Death

**TIMING OF DISTRIBUTION (CHECK ONE)**

\_\_\_\_\_ PAY IMMEDIATELY

- I understand I will not share in the earnings allocation from the prior valuation date. *Valuation dates are June 30<sup>th</sup> and December 31<sup>st</sup> of each plan year.*

\_\_\_\_\_ PAY AFTER THE NEXT VALUATION DATE

\_\_\_\_\_ DEFER UNTIL NORMAL RETIREMENT AGE

**NOTICE**

\*A 20% Federal Income Tax Withholding will be deducted and submitted to the IRS. There is a \$40.00/1099 & Check Processing Fee which will be deducted from the gross amount.

**\*BENEFICIARY INFORMATION: (In case of death of the participant only)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**SIGNATURES**

PARTICIPANT/BENEFICIARY: \_\_\_\_\_

SPOUSE: \_\_\_\_\_

**MANAGING COMMITTEE MEMBERS:**

FRANK N KNOTTS  
NAME

Frank N. Knotts  
SIGNATURE

Rickey Wilson  
NAME

Ricky E. Wilson  
SIGNATURE

Jimmie Langley  
NAME

J. Langley  
SIGNATURE

\_\_\_\_\_  
DATE