

TERMINATED EMPLOYEE VESTING CALCULATION REQUEST

PLAN NAME: _____

Employer Portion:

(Fax to Red Bank Pension Services, Inc. @ (732) 747-4999)

Employee Name: _____

Social Security Number: _____

Date of Birth: _____

Date of Hire: _____

Date of Termination: _____

Number of hours worked in last calendar year of employment
(under or over 1,000 hours): _____

Signature: _____
(Plan Representative)

Red Bank Pension Services, Inc. Portion:

(To be faxed back to employer @ Fax #: () -)

Employer Match Account Vested Percentage: _____ %
(Pre-2002)

Employer Match Account Vested Percentage: _____ %
(Post-2002)

Employer Profit Sharing Vested Percentage: _____ %

Signature: _____
(For Red Bank Pension Services, Inc.)

PLEASE NOTE

All employee deferrals are fully vested at all times. Please be advised that your plan document may state that forfeitures created from non-vested Profit Sharing monies and non-vested Employer Match monies are to be used to reduce future contributions.

Any money available for either of these purposes should be placed in a separate "holding" account with your investment firm until such time as the money is available to be forfeited. Please advise our office of any money placed in the holding account.