

1 Plan/Requester Information

Please type or print clearly.

Plan Number	Plan Name
*Requested Effective Date	Requester Name
Requester phone number	Requester e-mail
Requester e-mail	

*NOTE: Effective date of plan termination must be 30 days from date completed and all required paperwork is received.
This date is subject to approval.

2 Termination Questionnaire Each question must be answered

1.	Is this a FULL or PARTIAL plan termination? If partial, provide a list of the affected participants including Full Name and SSN.	<input type="checkbox"/> Full <input type="checkbox"/> Partial
2.	Will Plan Sponsor approval be required for distributions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is the plan requesting an IRS Determination Letter	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	If yes to #3 above, can the distribution of participant accounts be processed prior to the receipt of the Letter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Can the distribution of participant accounts be processed prior to completion of the last required plan year testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	If there are corrective distributions, are these to be processed prior to plan assets being distributed? *if exceptions are to be made please add to special instructions pg#2	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Do distributions for all employees need to be held until final testing is complete? *If only HCE's are impacted, provide a list of the affected participants	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are there life policies to be surrendered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Final payout date if all participant distribution forms have not been received. *please note, this MUST be a business day and MUST be at least 30 days after the effective date of the termination.	Date _____
10.	Vesting will be updated to 100% for all affected participants. Please indicate the date if different than the plan termination date given in section 1.	Date _____
11.	Are there loan balances in the plan? Collateral loans are to remain with MetLife until paid off.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	If fixed funds exist in the plan, will they remain with MetLife until the term of the contract expires? Yes, Cash value will be paid in installments over a specified period under the terms of fixed contract.	<input type="checkbox"/> Yes <input type="checkbox"/> No

3 Special Instructions For any additional comments. This section to be used to document the terms of fixed fund installments if cash value is selected in Section 2, Question 12

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Checklist – Items to return with this request

To be completed by Plan Sponsor. **Must be completed before processing can begin.**

1.	Copy of Board Resolution declaring the plan termination or partial plan termination and effective date	<input type="checkbox"/>
2.	For Partial Terminations ONLY: A complete listing of terminating names and social security numbers	<input type="checkbox"/>
3.	Individual Rollover Account (IRA) Election form providing instructions for each participant being forced out of the Plan with an account balance of \$1,000 or more *note: Any money not accepted by the IRA is the responsibility of the partner. This applies to non-responsive participants and deceased participants.	<input type="checkbox"/>
4.	List of employees/HCE's (full name and SSN) for whom distributions need to be held until final testing/corrective distributions are completed, if applicable.	<input type="checkbox"/>
5.	Detailed instruction for depleting forfeiture account, if applicable.	<input type="checkbox"/>

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Product Charge Information

To be completed by MetLife. Charges below are considered an estimate, actual charges will be calculated at time of surrender.

1. Product – Based upon the contract, surrender charges may apply.

Product:

2. Surrender Charges – Based upon the contract, the total estimated charges that may apply upon surrender.

Estimated surrender charges upon surrender as of _____: \$_____ Not applicable

3. Market Value Adjustment (MVA) – Based upon the contract, an MVA may be assessed to the fixed portion of the contract.

Estimated MVA amount applies to the fixed portion of contract: \$_____ Not applicable

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Termination Authorization

I have the authority to request, and am requesting the above services be provided by MetLife for the notated plan.

Option 1: Authorized signature _____

Print name of Authorized Signer

Date

Option 2: Electronic signature – available for e-mail requests only (**Note: This request will only be processed if received from the e-mail account assigned to the Authorized Plan Signer listed below.**)

☐ By checking this box, the listed Authorized Signer below is providing electronic approval.

Plan Sponsor: Please return all pages of completed checklist to MetLife representative.

MetLife Internal Use Only - This section to be completed by MetLife.

Please review the checklist, attach required paperwork, confirm charge information. Document any special instruction as needed. MetLife to send completed documentation to:

DCteam@retirementpartner.com and PLANDOCGROUP@metlife.com

MetLife Representative reviewing the form (Print Name)

Email Address of MetLife Representative

MetLife Representative Signature

Date of Request