

I. UPDATE QUALIFIED DSW INFORMATION

(Complete this section when there is a change in your qualified DSW's information.)

Check All Boxes That Apply:

Change in Name Change in Address Change in Phone Number

Qualified DSW Name: _____

Address: _____

City: _____ **State:** _____ **Zipcode:** _____

Phone Number: _____

Qualified DSW

Signature: _____ **Date:** _____

II. QUALIFIED DSW TERMINATION NOTICE

(Complete this section when a qualified DSW voluntarily stops working for you or if you terminate a qualified DCW who works for you.)

Check One: Voluntary Termination Involuntary Termination

Qualified DSW Name: _____

Forwarding Address: _____

Termination Date: _____

Reason for Termination: _____

Instructions for Last Pay Check: _____

Employer Name (Please print or type): _____

Employer's Signature: _____ **Date:** _____

