

Notice of Severance from Employment

403(b) Retirement Plan

Do not complete this form if the participant is on leave of absence due to disability.

This form should be used to notify GuideStone when a participant no longer has an employment relationship with the employer, any affiliate or related organization.

PARTICIPANT INFORMATION

Participant name: _____ Social Security number: _____

Home address: _____

City: _____ State: _____ ZIP Code: _____

Daytime telephone: (____) _____ Birth date: ____/____/____ Marital status: Married Single

TERMINATION INFORMATION

Date of severance from employment: ____/____/____

Amount of final contributions: _____

For billing period ending: ____/____/____

EMPLOYER CONTRIBUTIONS ACCOUNT ACCUMULATIONS (IF APPLICABLE)

Accumulations in the participant's Employer Contributions Account are vested at termination of employment as follows:

Vested percentage at termination of employment: _____ %

Non-vested forfeiture: _____ %

Total= _____ %

As indicated in the Plan, the percentage of vested employer contributions is based on:

_____ years of service, or

_____ years of plan participation

EMPLOYER VERIFICATION

Employer name: _____

Signature of authorized officer: _____ Date: ____/____/____

