

# 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

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Participant name: \_\_\_\_\_ Social Security number (last four digits): \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Daytime telephone: (\_\_\_\_) \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital status:  Married  Single

Date of hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

### TERMINATION INFORMATION

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Date of severance from employment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount of final contributions: \_\_\_\_\_

For billing period ending: \_\_\_\_/\_\_\_\_/\_\_\_\_

Rehire — Other service with the employer before this termination period: \_\_\_\_ Years \_\_\_\_ Months \_\_\_\_ Days

### EMPLOYER CONTRIBUTIONS ACCOUNT ACCUMULATIONS (IF APPLICABLE)

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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 (must equal 100%):** \_\_\_\_\_ %

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

\_\_\_\_\_ years of service, or

\_\_\_\_\_ years of plan participation

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### EMPLOYER VERIFICATION

Employer name: \_\_\_\_\_

Signature of authorized officer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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