

Notice of Severance from Employment

Retirement Plans

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 (last four digits): _____

Home address: _____

City: _____ State: _____ ZIP Code: _____

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

Date of hire: ____/____/____

TERMINATION INFORMATION

For the purpose of all retirement plans of the employer, serviced by GuideStone.

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)

Accumulations in the participant's employer contributions account are vested at severance from employment as follows:

Vested percentage at severance from employment: _____ %

Non-vested forfeiture: _____ %

Total (must equal 100%): _____ %

The percentage of vested employer contributions is based on: _____ years of service.

EMPLOYER VERIFICATION

Employer name: _____

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

