## **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: ()Bir	th date:/ Marital status:   Married  Single
Date of hire:/	
TERMINATION INFORMATION	
For the purpose of all retirement plans of the employer, se	erviced by GuideStone.
Date of severance from employment://	_
Amount of final contributions:	_
For billing period ending://	
Rehire — Other service with the employer before this term	ination period: Years Months Days
EMPLOYER CONTRIBUTIONS ACCOUNT ACCUMULATION	NS (IF APPLICABLE)
Accumulations in the participant's employer contributions	s 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	l on: years of service.
EMPI	LOYER VERIFICATION
Employer name:	
Signature of authorized officer:	Date: / /



