



# 403(b) EMPLOYEE TERMINATION NOTICE FOR EMPLOYERS ONLY

## 1. General Employee Information

Last Name <i>(Please use full legal name)</i>	First Name	Middle Initial
Mailing Address	<input type="checkbox"/> Check if this is an address change	
Social Security Number	Date of Birth	
Email Address	Phone	

## 2. Termination Information

Date of Termination \_\_\_\_\_  
MM/DD/YYYY

Has the final contribution for this employee been sent?  Yes or  No

Sent date of final contribution (mailed or electronically) \_\_\_\_\_  
MM/DD/YYYY

**Note:** Employees will not be allowed to close out their account until ALL CONTRIBUTIONS have been credited to their account.

Please choose one: To the best of the employer's knowledge, the employee

- has ceased regular employment with all Assemblies of God (AG) non-profit employers
- is now employed at the following AG non-profit employer:

Employer Name	City	State
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To assist in preserving a retirement account for future years, an AG credentialed minister cannot receive a distribution due to a severance from employment. See the 403(b) plan document for a list of distributable events for AG credentialed ministers. For distribution purposes, the following criteria must be met to be considered a severance from employment for lay workers and non-AG ministers who have been employed at an AG church or ministry:

- The employee has ceased regular employment at this AG employer.
- Payments due to a severance package do not constitute continued employment for the purpose of 403(b) distributions.
- There is no verbal, written, or other agreement to continue work on a regular basis or to guarantee a certain number of hours to be worked in any time period. **Exception:** Former employees may be on call to temporarily fill in for absent employees or work on special projects. There would be a reasonable expectation for the former employee to work less than 20 hours per week.
- The former employer has certified to us in writing that the severance from employment, as defined above, has occurred.

## 3. Vesting Information (Choose one)

- Employer does not have a vesting schedule
- Employee is 100% vested
- Employee is \_\_\_\_\_% vested according to the employers written plan and vesting schedule, if applicable
- Special approved vesting was granted (only if permitted by written plan) and employee is \_\_\_\_\_% vested  
*(this option is not available for highly compensated employees of an organization which is a nonqualified church-controlled organization).*

## 4. Employer Information

Employer Name	
Mailing Address	
Email Address	Phone

*I certify that I am an authorized representative of the employer and that the employee listed has had a severance from employment, as defined above, from this employer. If a special approved vesting percent is indicated above, it is permitted by our written plan, it has been approved by the governing board, and a record of the approval is being kept with other plan documentation.*

Printed Name & Title of Employer Representative	Signature of Authorized Employer Representative	Date
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