

1 PARTICIPANT INFORMATION

Full Legal Name

Date of Birth

Social Security Number

2 SEVERANCE INFORMATION

All contributions attributed to compensated service as a self-employed minister or military chaplain must be received prior to receipt of this Severance Notice.

Date of last compensated service as a self-employed minister or military chaplain _____

3 CERTIFICATION AND SIGNATURE

I certify that I have ceased compensated services as a self-employed minister or military chaplain and that to the best of my knowledge, I qualify for a distribution from my retirement plan. I understand tax penalties may apply for distributions without a distributable event as defined by IRS. I understand and agree that if AGFinancial has record of current participation with an eligible employer as defined by plan rules, I may not be eligible to take a distribution from the plan.

Participant Signature

Printed Name

Date