

Payment Management Termination Insurance Plans

Complete the Payment Management Termination in ink and retain a copy of the completed form for your records.

This Payment Management Termination is for life and health benefits only and does not apply to retirement contributions or other benefits offered through GuideStone.

1. EMPLOYER/PARTICIPANT INFORMATION

Employer name: _____ Account number: _____

Or

Participant name: _____ Social Security number (last four digits): _____

2. FINANCIAL INSTITUTION INFORMATION

Financial institution name: _____

City: _____ State: _____ ZIP Code: _____

Daytime telephone: (_____) _____ Account number: _____

3. SIGNATURE

I request that GuideStone Financial Resources of the Southern Baptist Convention stop debits to the account at the indicated financial institution. I understand that termination requests received by GuideStone after the 1st day of the month may not be processed prior to the next debit.

Please print name: _____ Title: _____

Signature: _____ Date: ____/____/____

Return this authorization to: GuideStone Financial Resources, SBC
Insurance Operations
2401 Cedar Springs Road
Dallas, TX 75201-1498

Or you may fax it to: 214-720-4676

