

# Enrollment Application Retirement Plan

## General directions for completing the enrollment application

- This form must be typed or completed in ink. If you make any changes to the written information, initial the changes.
- Return the completed form to your Employer's Human Resources department.

### PARTICIPANT INFORMATION

Participant first name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female Marital status:  Married  Single

Daytime telephone: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Spouse first name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Spouse Social Security number: \_\_\_\_\_ Spouse birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### CHOOSE YOUR FUNDS

Please elect one of the options below. For fund information, see the *Fund Choices* booklet or visit [www.GuideStoneRetirement.org/InvestmentChoices](http://www.GuideStoneRetirement.org/InvestmentChoices).

You have the right to make plan investment elections for contributions made on your behalf to the retirement plan. GuideStone has designated a Date Target Fund to which contributions are made if you do not select an option below. All contributions will be placed in this fund until you change your election and you have sole responsibility for this default election.

#### OPTION 1 – ONE CHOICE APPROACH / GUIDESTONE DATE TARGET FUNDS

Choose the appropriate MyDestination Fund® that most closely corresponds to the year in which you plan to retire.  
(Not applicable if you completed Option 2 or Option 3.)

- |   |   |
|---|---|
| <input type="checkbox"/> MyDestination 2005 | <input type="checkbox"/> MyDestination 2035 |
| <input type="checkbox"/> MyDestination 2015 | <input type="checkbox"/> MyDestination 2045 |
| <input type="checkbox"/> MyDestination 2025 | <input type="checkbox"/> MyDestination 2055 |

#### OPTION 2 – ASSET ALLOCATION APPROACH / GUIDESTONE ASSET ALLOCATION FUNDS

Choose the (one) fund that best represents your investor profile.  
(Not applicable if you completed Option 1 or Option 3.)

- Conservative** – Conservative Allocation Fund
- Moderately conservative** – Balanced Allocation Fund
- Moderately aggressive** – Growth Allocation Fund
- Aggressive** – Aggressive Allocation Fund

Continued on other side



**OPTION 3 – BUILD YOUR OWN APPROACH / GUIDESTONE SELECT FUNDS**

Use this option if you choose to mix your own portfolio from the **Select Funds**.  
(Not applicable if you completed Option 1 or Option 2.)

Investment Fund: \_\_\_\_\_ Percentage: \_\_\_\_\_ %  
Investment Fund: \_\_\_\_\_ Percentage: \_\_\_\_\_ %  
Investment Fund: \_\_\_\_\_ Percentage: \_\_\_\_\_ %  
Total must equal 100%

Please write in the space below for more than three fund choices.

**PARTICIPANT CONTRIBUTION INFORMATION**

- Tax-sheltered \$ \_\_\_\_\_ or \_\_\_\_\_%       Tax-paid\* \$ \_\_\_\_\_ or \_\_\_\_\_%
- Roth elective deferrals\* \$ \_\_\_\_\_ or \_\_\_\_\_%
- Rollover – I and/or my spouse have other retirement assets that we would like to consider rolling over to GuideStone.
- I would like to join the 1% Club and receive an annual reminder to increase my contribution in \_\_\_\_\_ (month).

\* If you wish to make tax-paid or Roth contributions, please see your employer for availability and additional information.

**PARTICIPANT SIGNATURE**

I understand the amount of such reduction, pursuant to this election, will be withheld from my paychecks and paid by my employer into my account in the plan. I understand elective deferrals are irrevocable once the employer withholds the deferrals from my paycheck. I further understand that written notice must be given before the effective date of any modification. This election will remain in effect until I revoke it in writing or until I complete a new *Salary Reduction Agreement*.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMPLOYER**

Employer name: \_\_\_\_\_ Employer number: \_\_\_\_\_  
Hire date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Date of participation: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Prior service with current employer: \_\_\_\_\_ Years \_\_\_\_\_ Months      Most recent termination date with this employer: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If other service counted for eligibility and/or vesting under the plan:**

Previous employer name: \_\_\_\_\_ Years \_\_\_\_\_ Months

**Before entering contributions into the Employer Access Program, convert all contributions to dollar amounts. For more information about GuideStone's Employer Access Program, please contact your GuideStone administrator.**

Employer contributions: \$ \_\_\_\_\_ or \_\_\_\_\_%  
Participant contributions:  
Tax-sheltered      Tax-paid      Roth elective deferrals  
\$ \_\_\_\_\_ or \_\_\_\_\_%      \$ \_\_\_\_\_ or \_\_\_\_\_%      \$ \_\_\_\_\_ or \_\_\_\_\_%

**Because this form also serves as a *Salary Reduction Agreement* between the participant and employer, both should retain a copy of this form. If the employer is not enrolled in GuideStone's Employer Access Program, please return the original to GuideStone.**

Employer signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_