

Participating Employer Information Form for Associational Plans

(Please complete all of the information below and return via email/scan or fax.)

1. ADMINISTRATIVE INFORMATION

Name of participating employer (legal name): _____

Federal Tax Identification Number: _____ Phone number: (_____) _____

Physical address: _____

City: _____ State: _____ ZIP Code: _____

Mailing address (if different): _____

2. EMPLOYER BANK INFORMATION

Financial institution name: _____ Bank phone number: (_____) _____

City: _____ State: _____ ZIP Code: _____

Routing transit number: _____ Account number: _____

3. CONTRIBUTION INFORMATION

Plan effective date: ____/____/____ Date of first contributions: ____/____/____ Number of enrollment kits: _____

Payment method:

Automatic draft (fixed day) - on the _____ of every month (must be between the 3rd and 20th)

Upon employer notification through the Employer Access Program (EAP) - Frequency of contributions:

Monthly Bi-weekly Semi-monthly Other:

Salary-reduced contributions must be remitted for deposit into the plan as soon as reasonably possible (generally by the 15th business day of the month following the payday). Any employer contributions should also be remitted in a timely manner. Once contributions are remitted to the plan, they become plan assets and can only be paid out in accordance with IRS guidelines.

4. EAP ADMINISTRATOR INFORMATION

Administrator name: _____ Social Security number: _____

Date of birth: ____/____/____ Phone number: (_____) _____

Email: _____

The EAP administrator will perform the following functions on a regular basis: (1) Enroll new participants, (2) remit contributions on a regular basis, (3) update participant employment status, (4) keep bank information current for remittance of contributions via ACH or fixed draft, (5) notify GuideStone immediately of any account discrepancies, (6) assign other EAP administrators as necessary and (7) verify all contribution types and amounts are correct **prior** to payment.

I acknowledge as the designated EAP administrator I am responsible for carrying out the Employer Access Program functions, and I am familiar with the relevant provisions of the plan as agreed upon by the plan sponsor.

EAP administrator signature: _____ Date: ____/____/____

5. ACKNOWLEDGEMENT

Authorized officer or representative signature: _____

Authorized officer or representative printed name and title: _____ Date: ____/____/____

FOR GUIDESTONE USE ONLY

Plan Id: 1XML16 Association: _____ Association: ____ XM Denom: CBAA

Primary ER: 360937 Group Id: 99 Group Type: Secondary Fee: Part



GuideStone Express Enroll Select

403(b) Retirement Plan

Please enroll me in the GuideStone 403(b) Retirement Plan

As of ___/___/___ I wish to contribute the following monthly amount: \$_____

Please have an investment specialist contact me about consolidating my other retirement plans with GuideStone.

Name: _____ Male Female

Social Security number: _____ Birth date: ___/___/___

Home address: _____

City: _____ State: _____ ZIP Code: _____

Daytime phone: (____) _____ Spouse name (if married): _____

Email: _____

I elect that:

- Contributions will be invested in the GuideStone Funds MyDestination Fund® that most closely corresponds to the year in which I will turn age 65.
- Tax-deferred contributions will begin with the next pay period. If you would prefer to make Roth elective deferrals, please check this box:
 Roth contributions

Information on GuideStone Funds is available at www.GuideStoneFunds.com. A summary of plan provisions is available upon request. Contribution types, amounts, investment elections and beneficiary designations may be changed at any time to fit your individual needs. You have sole responsibility for your investment elections and are encouraged to review your available options and make changes at any time to fit your individual situation.

Participant signature: _____ Date: ___/___/___

Please give this form to your employer and retain a copy for your records.

TO BE COMPLETED BY EMPLOYER

Employer name: _____ Tax ID Number: _____

City: _____ State: _____

Contact name: _____ Contact phone: _____ Contact email: _____

Hire date: ___/___/___ Date of participation: ___/___/___ Employer contributions: \$_____



NORTHWEST CONSERVATIVE BAPTIST ASSOCIATION (NWCBA)
403(b) RETIREMENT PLAN

TERMS AND CONDITIONS OF PARTICIPATION AGREEMENT
(Agreement)

**(PARTICIPATING EMPLOYER INCLUDING
SELF-EMPLOYED MINISTERS)**

INSTRUCTIONS: Attach this Agreement to the Participating Employer Adoption Agreement.

1. **EFFECTIVE DATE.** This Agreement is effective as of January 1, 2016.
2. **EFFECT OF THIS AGREEMENT.** This Agreement sets forth the terms under which the Participating Employer may elect rules and procedures that differ from NWCBA's default rules and procedures and the terms for participation in the Plan. In addition, this Agreement supersedes the provisions of The Participating Employer Adoption Agreement except with regard to the signature acknowledging agreement to participate in the Plan.
3. **TERMS AND CONDITIONS OF PARTICIPATION.** By continuing to participate in the Plan, the Participating Employer certifies that it acknowledges, understands and agrees to the following terms and conditions:
 - A. **Participating Employer.** Any Participating Employer who was a Participating Employer in the Plan prior to the effective date of this Agreement and Plan restatement shall continue to be a Participating Employer in the Plan.
 - B. **Plan Adoption.** The Participating Employer will be bound by all of the provisions, conditions and limitations of the Plan, as stated in the official Plan documents, as amended from time to time, as if it were a signatory to the Plan.
 - C. **Plan Document.** The current version of the Plan is the restated version adopted by the Northwest Conservative Baptist Association (NWCBA) which is comprised of the Adoption Agreement (A2), the Basic Plan Document and Trust Agreement, which are maintained by GuideStone Financial Resources (GuideStone), and the rules and procedures document(s). Copies of the Plan documents are available upon request to NWCBA.
 - D. **Requirements for Participation.** The Participating Employer will: (a) provide NWCBA, GuideStone or their appointees with any information or documentation necessary or desirable for Plan administration or legal compliance; and (b) pay its proportionate share of Plan expenses as may be assessed by NWCBA or GuideStone.
 - E. **Withdrawal from Participation.** The Participating Employer may withdraw from participation in the Plan at any time by giving written notice to NWCBA. Any distribution or transfer of its account balances in the Plan, whether to its participants or to another retirement plan or to an IRA, will be net of its proportionate share of any Plan administrative, maintenance and investment management expenses that are properly chargeable to the Participating Employer or its participants' accounts and are unpaid as of the withdrawal date.
 - F. **Administrative Rules and Procedures.** The Plan documents require Participating Employers to adopt a number of administrative rules and procedures. To address this requirement, NWCBA has adopted, on the Participating Employer's behalf, a set of rules and procedures which reflect the Plan's administrative features as in effect before the Plan was restated on to the GuideStone plan documents, and also to delegate to the Participating Employer certain functions which were previously provided by NWCBA and its staff. The Participating Employer must carry out those delegated functions as a condition of participating in the Plan. If the Participating Employer

wants different rules and procedures, it must adopt a set of well-documented rules and procedures. The Participating Employer understands changes to rules and procedures are limited to eligibility, compensation, contributions, and other items specifically noted in the Plan as being governed by rules and procedures. Unless and until the Participating Employer adopts its own rules and procedures, the ones adopted by NWCBA will apply. A copy of the current rules and procedures as adopted by NWCBA have been provided along with this Agreement. NWCBA has the right to change or withdraw those rules and procedures at any time and without advance notice to the Participating Employer.

- G. NWCBA's Role.** Generally, all questions concerning Plan investments, administration or operational issues must be directed to GuideStone, and the Participating Employer will have a designated contact at GuideStone. NWCBA's role is limited solely to acting as the Plan Sponsor (authority to amend or terminate the Plan and oversee GuideStone's overall performance) and as the Plan Administrator (authority to act on all administrative matters not delegated to the Participating Employers).
- H. Plan Amendment and Termination.** NWCBA is under no obligation to continue to maintain the Plan, and NWCBA may amend or terminate it, in whole or in part, at any time, including transferring any or all of the Plan's investment, recordkeeping and administrative services to a provider other than GuideStone and its affiliates.
- I. Reliance; No Audit Obligation.** NWCBA and GuideStone may rely conclusively on any information furnished by the Participating Employer, including dates of hire, Hours of Service, dates of termination, Compensation and contribution amounts. Neither NWCBA nor GuideStone is under any obligation to: (a) audit the Participating Employer's payroll records in order to determine whether it is providing coverage and contributions in accordance with the Plan or any individual agreement it may enter into with GuideStone; or (b) otherwise audit or independently verify any information provided by the Participating Employer.
- J. Disclaimers.** NWCBA makes no representation or warranty that the Plan document or any special arrangements that the Participating Employer may agree upon with GuideStone are suitable for its particular circumstances. Neither GuideStone nor NWCBA can give the Participating Employer tax or legal advice, and NWCBA cannot provide financial planning advice, consequently the Participating Employer should consult with its own advisors.

**NORTHWEST CONSERVATIVE BAPTIST ASSOCIATION
403(b) RETIREMENT PLAN**

***DEFAULT ELIGIBILITY RULES AND
PROCEDURES***

Unless the Participating Employer elects otherwise in rules and procedures it may adopt from time to time, the following default provisions will apply:

1. “HOUR OF SERVICE” means:

(a) General Rule. Each of the following:

- (1) Each hour for which an Employee is paid, or entitled to payment, for the performance of duties for the Employer. These hours shall be credited to the Employee for the computation period or periods in which the duties are performed.
- (2) Subject to the limitations of subsection (b) below, each hour for which an Employee is paid, or entitled to payment, by the Employer for a period of time during which no duties are performed (irrespective of whether the employment relationship has terminated) due to vacation, holiday, illness, incapacity (including Disability), layoff, jury duty, military duty or leave of absence. These hours shall be credited to the Employee for the computation period or periods in which the duties were to have been performed in accordance with procedures similar to Sections 2530.200b-2(b) and (c) of the Department of Labor Regulations.
- (3) Each hour for which back-pay, irrespective of mitigation of damages, is either awarded or agreed to by the Employer. The same Hours of Service shall not be credited under paragraph (1) or (2), as the case may be, and under this paragraph (3). These hours shall be credited to the Employee for the computation period or periods to which the award, agreement or payment pertains, rather than the computation period in which the award, agreement or payment is made.

(b) Excluded Hours. Notwithstanding subsection (a)(2) above:

- (1) No more than 501 Hours of Service shall be credited to an Employee for any single continuous period during which the Employee does not perform

any duties (regardless of whether that period occurs in a single computation period).

- (2) An hour for which an Employee is directly or indirectly paid, or entitled to payment, for a period during which no duties are performed shall not be credited to the Employee if that payment is made or due under a plan maintained solely for the purpose of complying with applicable worker's compensation, unemployment compensation or disability insurance laws.
 - (3) Hours of Service shall not be credited for a payment which reimburses an Employee solely for medical or medically related expenses incurred by the Employee.
 - (4) Hours of Service shall not include any hours pertaining to, or on account of, severance pay.
- (c) **Indirect Payments.** For purposes of this section, a payment shall be deemed to be made by or due from the Employer regardless of whether that payment is made by or due from the Employer directly, or indirectly through, among others, a trust fund or insurer to which the Employer contributes or pays premiums and regardless of whether contributions made or due to the trust fund or insurer are for the benefit of particular Employees or are on behalf of a group of Employees.
- (d) **Purposes.** An Hour of Service must be counted for purposes of determining a Year of Service and an Employee's employment commencement date (or re-employment commencement date).
- (e) **Parental Leave.** Except as provided in paragraph (3) below, and solely for purposes of determining an Employee's credited service for participation purposes (and not for determining credited service for Employer Contribution purposes), an individual who is absent from work for maternity or paternity reasons shall receive credit for the Hours of Service which would otherwise have been credited but for the absence. If those actual hours cannot be determined, the Employee shall receive credit for eight (8) Hours of Service for each normal work day during the absence. No more than 501 Hours of Service shall be credited for any period of absence for maternity or paternity reasons.
- (1) For purposes of this subsection, an absence from work for maternity or paternity reasons means an absence because of—
 - (A) The Employee's pregnancy.
 - (B) Birth of the Employee's child.
 - (C) The placement of a child in connection with the child's adoption by the Employee.

- (D) Caring for the child during the period immediately following the birth or placement for adoption.
- (2) The Hours of Service credited under this subsection shall be credited in the computation period in which the absence begins, to the extent that they are needed in that computation period to give the Participant credit for a Year of Service, and any balance shall be credited in the subsequent computation period.
- (3) This subsection (e) shall not apply unless the Employee timely provides information satisfactory to the Plan Administrator to establish—
 - (A) That the absence was due to maternity or paternity reasons.
 - (B) The length of the absence.
- (f) **Determination.** Employees will be credited with Hours of Service on the basis of the “actual” method. That is, Hours of Service will be determined from the records of hours worked and hours for which the Employer makes payment or for which payment is due from the Employer.

2. **“YEAR OF SERVICE”** means:

- (a) **General.** Each computation period (as defined in subsection (b) below) during which an Employee completes 500 Hours of Service. Unless the Participating Employer elects otherwise in rules and procedures it may adopt from time to time.
- (b) **“Computation period”** means:
 - (1) **Eligibility**—For purposes of determining eligibility to participate in the Plan, the computation period is a six-consecutive month period unless the Participating Employer elects otherwise in its rules and procedures. The eligibility computation period begins on the Employee’s hire or rehire date and each anniversary of that date.
 - (2) **Benefit Accrual**—For purposes of determining whether a Participant qualifies to receive an Employer Contribution in any given Plan Year, the computation period is the Plan Year.
- (c) **Determination.** The determination of whether an Employee or Participant has completed a Year of Service shall be made at the end of the applicable computation period.

- (d) **Military Service.** Each period of qualified military service, as defined under USERRA, served by an Employee shall, upon re-employment with the Employer within the time required under USERRA, be deemed service with the Employer for purposes of determining the Employee's Years of Service.

**NORTHWEST CONSERVATIVE BAPTIST
ASSOCIATION, INC.
as PLAN SPONSOR/PLAN ADMINISTRATOR
of the
NORTHWEST CONSERVATIVE BAPTIST
ASSOCIATION 403(b) RETIREMENT PLAN**

By: David R. B...

Title: Director of Business and Operations

Date: 2/10/2016

**NORTHWEST CONSERVATIVE BAPTIST ASSOCIATION
403(b) RETIREMENT PLAN**

***DEFAULT ENROLLMENT REQUIREMENT,
RULES AND PROCEDURES***

Unless the Participating Employer elects otherwise in rules and procedures it may adopt from time to time, the following default provisions will apply:

1. **403(b) CONTRIBUTION ENTRY DATES.** Employees will become eligible to make Elective Deferrals as of the first day of the payroll period beginning on or after meeting the eligibility requirements of Section 3.01 (“403(b) entry date”). Employees may begin making Elective Deferrals as of their 403(b) entry date provided they have enrolled as required under Section 2 below. Employees who do not enroll by the deadline for their first 403(b) entry date may enroll as of any subsequent 403(b) entry date under Section 2 below.

2. **ENROLLMENT FORM.**
 - (a) ***Elective Deferrals and Matching Contributions.*** In order to make Elective Deferrals and receive matching Employer Contributions (if any), Employees must complete an Enrollment Form specified by the Plan Administrator and return it to their Employer on or before the 15th day of the month preceding the 403(b) entry date for which it is to be effective (or such later deadline as is specified by their Employer). If the Employee fails to meet that deadline, the Employee’s Elective Deferrals will not commence until the Employee has met the applicable deadline for any subsequent 403(b) entry date.

 - (b) ***Employer Contributions.*** If an Employee has not previously enrolled under subsection (a) above, the Employee must provide the Employer with the enrollment information specified as being necessary to establish an Account for that Employee. This information must be furnished within the deadline specified by the Employer. This Plan’s acceptance of Employer Contributions on behalf of a Participant is contingent upon the Employer’s timely receipt of the enrollment information for that Participant. The Trustee may return Employer Contributions for which enrollment information has not been timely received.

3. **MATCHING EMPLOYER CONTRIBUTION ENTRY DATES.** Employees will become eligible to receive matching Employer Contributions on their 403(b) entry date under Section 1 above.

4. **EMPLOYER CONTRIBUTION ENTRY DATES.** For purposes of receiving Employer Contributions, an Employee will become a Participant as of the later of:

- (a) Their 403(b) entry date under Section 1 above, unless elected otherwise by a Participating Employer in its Adoption Agreement; or
- (b) The date the Employee or the Employee's Employer furnishes the enrollment information specified by the Plan Administrator under Section 2(b) above, if this information was not provided by the deadline specified by the Plan Administrator.

5. **SUSPENSION/RESUMPTION OF ELECTIVE DEFERRALS.**

- (a) A Participant who ceases to qualify as an Employee or who voluntarily discontinues Elective Deferrals to the Plan shall be suspended from making Elective Deferrals effective the first day of the first pay period the Participant is either no longer eligible to make or voluntarily discontinues making those contributions or as soon afterwards as administratively feasible.
- (b) If a Participant subsequently becomes eligible to again make Elective Deferrals to the Plan or again chooses to make these contributions, as applicable, the Participant may resume making Elective Deferrals as of any 403(b) entry date under Section 1 above, provided the Participant re enrolls under Section 2 above.

**NORTHWEST CONSERVATIVE BAPTIST
ASSOCIATION, INC.
as PLAN SPONSOR/PLAN ADMINISTRATOR
of the
NORTHWEST CONSERVATIVE BAPTIST
ASSOCIATION 403(b) RETIREMENT PLAN**

By: David R. B

Title: Director of Business and Operations

Date: 2/10/20165