

# 457(b) DEFERRED COMPENSATION PLAN

## ELIGIBLE EMPLOYEE DEFERRAL/CONTRIBUTION AGREEMENT CHANGE FORM

### INSTRUCTIONS

---

- A. The meaning of all capitalized terms used in this *Eligible Employee Deferral/Contribution Agreement Change Form* shall have the same meaning as defined in the *457(b) Deferred Compensation Plan* (the "Plan").
- B. Contributions (i.e., Employer Contributions and Employee Tax-sheltered Contributions) to the Plan are subject to contribution limits under the Internal Revenue Code. Contact the Compliance Department at GuideStone® for more information.

### 1. PARTICIPANT INFORMATION

---

Participant name: \_\_\_\_\_ Social Security number (last four digits): \_\_\_\_\_

### 2. PARTICIPANT TAX-SHELTERED CONTRIBUTIONS

---

In accordance with the Plan, I elect the following:

I elect to change the amount of my Tax-sheltered Contributions to:

- \$ \_\_\_\_\_ per pay period.
- \_\_\_\_\_ % of my compensation per pay period.
- Other: \_\_\_\_\_

This election is effective the **1st day of** \_\_\_\_\_ (month, year). Subject to the Employer's right to terminate either the Plan or my future Plan participation, this election remains in effect for each month and continues for subsequent months until I revoke or modify it effective the first of the month following my election.

I elect to make a one-time Tax-sheltered Contribution of \$ \_\_\_\_\_ or \_\_\_\_\_ % of my compensation effective the **1st day of** \_\_\_\_\_ (month, year).

I elect to cease my Tax-sheltered Contributions effective: \_\_\_\_/\_\_\_\_/\_\_\_\_.

### 3. PARTICIPANT SIGNATURE

---

- I understand that the administration of the above elections will be in accordance with the terms of the Plan.
- I understand that my election in Section 2 will be effective no earlier than the first day of the month following my execution of this form.
- I understand that Employer Contribution amounts may change from time to time at the discretion of the Employer.
- I understand that **all Contributions** are subject to FICA (including Medicare) at the time I perform services for the Employer. The Employer will deduct from my remaining compensation the above taxes on all Contributions to the Plan. Contributions and earnings are subject to income tax and income tax withholding when I actually or constructively receive the payment.
- I understand that I should consult my legal or tax advisers regarding how FICA or SECA might apply to a particular 457(b) Plan.
- I understand that all amounts credited to my account under the Plan are subject to the claims of general creditors of the Employer in the event of its bankruptcy or insolvency.
- I acknowledge and agree that the elections indicated above are subject to the terms of the Plan.

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

---

Continued with other side



**4. TO BE COMPLETED BY EMPLOYER**

---

I acknowledge and agree that the elections indicated above are in accordance with and subject to the terms of the Plan. I understand that the employer, and not GuideStone, is responsible for implementing and reporting the elections in Section 2.

Employer name: \_\_\_\_\_

**Authorized representative signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Contribution information:**

A. Contribution period:  \*Bi-weekly  \*Semi-monthly  Monthly  One-time  Other: \_\_\_\_\_

\*Available for Employer Access® Program only.

B. Amounts per Contribution period:

Employer Contributions: \$ \_\_\_\_\_

Participant Contributions: \$ \_\_\_\_\_

**Total contribution amount:** \$ \_\_\_\_\_