Enrollment Application
Retirement Plan

Reset Form

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.
- In order to make tax-sheltered contributions, you and your employer must complete a written *Salary Reduction Agreement*. **Do not send the *Salary Reduction Agreement* to GuideStone.**
- Return this 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

Home telephone: (_________) ____________________ 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

Use one of the three options below to choose your investment funds.

OPTION 1 — DATE TARGET FUNDS

Choose the (one) fund with the target date that best represents your desired retirement date.
(Not applicable if you completed Option 2 or Option 3.)

☐ **MyDestination 2005 Fund**

☐ **MyDestination 2015 Fund**

☐ **MyDestination 2025 Fund**

☐ **MyDestination 2035 Fund**

☐ **MyDestination 2045 Fund**

OPTION 2 — 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 (25% equities, 75% fixed income).

☐ **Moderately conservative** — Balanced Allocation Fund (50% equities, 50% fixed income).

☐ **Moderately aggressive** — Growth Allocation Fund (75% equities, 25% fixed income).

☐ **Aggressive** — Aggressive Allocation Fund (100% equities).

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OPTION 3 — BUILD YOUR OWN PORTFOLIO

Use Option 3 if you choose to mix your own portfolio from the **Select Funds** and/or any of the other funds available.
(Not applicable if you completed Option 1 or Option 2.)

Investment Fund: ______________________________ Percentage: __________ %

Investment Fund: ______________________________ Percentage: __________ %

Investment Fund: ______________________________ Percentage: __________ %

Investment Fund: ______________________________ Percentage: __________ %

Total (must equal 100%): 0 %

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

You have the right to make plan investment elections for contributions made on your behalf to the retirement plan. A fund has been designated to receive contributions if you do not specify an investment election. All contributions will be placed in this fund until you change your election and you have sole responsibility for this default election.

*Participants are prohibited from exchanging out of the Capital Preservation Fund to a "competing fund" without first investing in a "non-competing fund" for a period of at least 90 days. Also, simultaneous exchanges are not allowed. For more complete information, visit www.GuideStone.org or call **1-888-98-GUIDE** (1-888-984-8433).*

REQUIRED SIGNATURE

Participant signature: ______________________________ Date: _____/_____/_____

For some plans, a quarterly fee may be deducted from your account. Please contact your employer for details.

FOR EMPLOYER USE ONLY

Participant contributions:

Tax-sheltered: **$**__________ **or** _______%

Tax-paid: **$**__________ **or** _______%

Roth elective deferrals: **$**__________ **or** _______%

Employer contributions: **$**__________ **or** _______%

Missionary service contribution: **$**__________ **or** _______%

Employer name: ______________________________ Employer number: ______________________________

Hire date: _____/_____/_____ Date of participation: _____/_____/_____

Prior service with current employer: _______ Years _______ Months Most recent termination date with this employer: _____/_____/_____

Other service counted for eligibility and/or vesting under the plan:

Employer name: ______________________________ _______ Years _______ Months

Employer signature: ______________________________ Date: _____/_____/_____