

# GuideStone Express Enroll

## 401(k) for Baptist Memorial Health Care



### Please enroll me in the 401(k) Retirement Savings Plan (Minor Medical Center)

I wish to contribute to my 401(k) retirement plan:

5% (I want to take full advantage of the matching features of the Plan.)

\_\_\_% (I want to contribute at a level above or below the full Plan match.)

Note: The amount you may contribute annually is generous. Contact GuideStone® or your Human Resources office for specific details on limits.

Name: \_\_\_\_\_  Male  Female

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

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

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

Daytime phone: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

Spouse name (if married): \_\_\_\_\_ Spouse birth date: \_\_\_/\_\_\_/\_\_\_

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 [GuideStoneFunds.com](http://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. If you would like the expanded enrollment form, which allows you to select the fund options of your choice, please go to [GuideStone.org/BMH](http://GuideStone.org/BMH) and select "Resources".

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

Please contact me about consolidating my other retirement plans.

**Please return this form to your Human Resources office or GuideStone representative and retain a copy for your records.**

#### TO BE COMPLETED BY EMPLOYER

BMH facility name: \_\_\_\_\_

All enrollments:

Effective participation date: \_\_\_/\_\_\_/\_\_\_ Most recent hire date with employer: \_\_\_/\_\_\_/\_\_\_

Re-hires only:

Most recent termination date with employer: \_\_\_/\_\_\_/\_\_\_

Prior BMHCC-related service: Years: \_\_\_\_\_ Months: \_\_\_\_\_ Days: \_\_\_\_\_

