

ENROLLMENT APPLICATION AND RETIREMENT CONTRIBUTION AGREEMENT RETIREMENT PLAN

This form must be typed or completed in ink. If you make any changes to the written information, initial the changes.

EMPLOYEE INFORMATION

Participant name: _____ Social Security number: _____
Birth date: _____ Gender: ☐ Male ☐ Female Marital status: ☐ Married ☐ Single
Mobile phone: _____ Email address: _____
Home address: _____
City: _____ State: _____ ZIP code: _____
Spouse name (if married): _____ Spouse Social Security number: _____
Spouse birth date: _____ Do you have prior service with this employer? _____

CHOOSE YOUR FUNDS

You have the right to make plan investment elections for contributions made on your behalf to the retirement plan. Your employer has designated a Target Date Fund based on your age as your default investment to which contributions will be 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 — ASSET ALLOCATION FUNDS / DO IT FOR ME

Our professionally managed asset allocation options provide a simple choice for those who want a one-step approach to investing. This investment selection includes both our Target Date Funds and Target Risk Funds.

GUIDESTONE TARGET DATE 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 selected a Target Risk Fund below.)

☐ MyDestination 2015 Fund ☐ MyDestination 2035 Fund ☐ MyDestination 2055 Fund
☐ MyDestination 2025 Fund ☐ MyDestination 2045 Fund

GUIDESTONE TARGET RISK FUNDS

Choose the (one) fund that best represents your investor profile.

(Not applicable if you completed Option 2 or selected a Target Date Fund above.)

☐ Conservative — Conservative Allocation Fund ☐ Moderately aggressive — Moderately Aggressive Allocation Fund
☐ Moderately conservative — Balanced Allocation Fund ☐ Aggressive — Aggressive Allocation Fund

OPTION 2 — CORE AND SPECIALITY OPTIONS / DO IT MYSELF

This approach is designed to help you build your own portfolio utilizing a broad range of core and specialty funds that provide the flexibility to address specific investment strategies. **Once enrolled, you will always have access to make fund exchanges through your online MyGuideStone® account. (Not applicable if you completed Option 1.)**

☐ Use this option if you choose to mix your own portfolio from the core and specialty options.

Investment fund: _____ Percentage: _____%

Investment fund: _____ Percentage: _____%

Investment fund: _____ Percentage: _____%

Total (must equal 100%): _____%

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OPTION 2 — CORE AND SPECIALITY OPTIONS / DO IT MYSELF (CONTINUED)

Please write in the space below or on a separate page for more than three fund choices.

Participants are prohibited from exchanging out of the Capital Preservation Fund (if applicable) 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 GuideStone.org or call **1-888-98-GUIDE** (1-888-984-8433).

EMPLOYEE ELECTION

I elect, understand and authorize my employer to deduct from my paychecks the following amount, remitted into my account in the retirement plan beginning _____:

Select one or a combination of contribution types below.

- ☐ Tax-sheltered: ☐ 12% ☐ 9% ☐ 6% or ☐ Other: _____% or \$_____ per pay period/per month (circle one)
- ☐ Roth deferrals*: ☐ 12% ☐ 9% ☐ 6% or ☐ Other: _____% or \$_____ per pay period/per month (circle one)
- ☐ Tax-paid*: ☐ 12% ☐ 9% ☐ 6% or ☐ Other: _____% or \$_____ per pay period/per month (circle one)

*Please see your employer for availability of Roth and tax-paid contributions.

I understand the amount of such reduction, pursuant to this election, will be withheld from my paychecks and remitted 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 *Retirement Contribution Agreement*.

Employee 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 (EAP), convert all contributions to dollar amounts. For more information about GuideStone's EAP, please contact your GuideStone® administrator.

Employer contributions: \$ _____ or _____%

Participant contributions:

Tax-sheltered

Roth elective deferrals

Tax-paid

\$ _____ or _____%

\$ _____ or _____%

\$ _____ or _____%

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

Employer authorized signature: _____ Date: _____

Employer authorized printed name: _____ Date: _____