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.

cipant name: Social Security number:								
Birth date: Gender: Male	☐ Female	Marital state	us: 🗌 Married 🔲 Single	е				
Mobile phone: ()	Email address:_							
Home address:								
City:		State:	ZIP code:					
Spouse name (if married):	Spo	use Social Sec	urity number:					
Spouse birth date:/ Do you have	prior service w	ith this employe	er?					
CHOOSE YOUR FUNDS								
You have the right to make plan investment elections for condesignated a Target Date Fund based on your age as your dan option below. All contributions will be placed in this fund default election. OPTION 1 — ASSET ALLOCATION FUNDS / DO IT FOR ME	efault investmei until you chang	nt to which conf	ributions will be made if yo	u do not select				
Our professionally managed asset allocation options provide This investment selection includes both our Target Date Fund	e a simple choic		o want a one-step approac	ch to investing.				
GUIDESTONE TARGET DATE FUNDS Choose the appropriate MyDestination Fund® that most close (Not applicable if you completed Option 2 or selected a T	•	•	which you plan to retire.					
☐ MyDestination 2015 Fund ☐ MyDestination 2035 F	und 🗌 M	yDestination 20	055 Fund					
☐ MyDestination 2025 Fund ☐ MyDestination 2045 F	und							
GUIDESTONE TARGET RISK FUNDS Choose the (one) fund that best represents your investor pro (Not applicable if you completed Option 2 or selected a T		nd above.)						
☐ Conservative — Conservative Allocation Fund	☐ Moderately	aggressive —	Growth Allocation Fund					
☐ Moderately conservative — Balanced Allocation Fund	☐ Aggressive	e — Agressive A	Allocation Fund					
OPTION 2 — CORE AND SPECIALITY OPTIONS / DO IT MY	YSELF							
This approach is designed to help you build your own portform flexibility to address specific investment strategies. Once enryour online MyGuideStone® account. (Not applicable if your online MyGuideStone)	olled, you will ou completed (always have a Option 1.)	ccess to make fund excha	•				
Use this option if you choose to mix your own portfolio fro				0/				
Investment fund:			_					
Investment fund:								
Investment fund:								
Please write in the space below or on a separate page for mo	ore than three fo		must equal 100%):	%				
Participants are prohibited from exchanging out of the Capi			cable) to a "competing fun	d" without first				

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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

l elect, understand and retirement plan beginn	•		ct from my payc	hecks the following	ng amount, remitted i	nto my accour	nt in the
Select one or a combin							
					per pay period/		-
Roth deferrals*:	☐ 12% ☐ 9	9% 🗌 6% or	Other:	% or \$	per pay period/	per month (circ	cle one)
☐ Tax-paid*:	☐ 12%	9% 🗌 6% or	Other:	% or \$	per pay period/	per month (circ	cle one)
*Please see your empl	oyer for availabil	ity of Roth and ta	x-paid contributi	ons.			
I understand the amour into my account in the p I further understand the until I revoke it in writin	olan. I understand at written notice	l elective deferrals must be given be	s are irrevocable efore the effectiv	once the employe e date of any mo	er withholds the deferr	als from my pa	ycheck.
Employee signature: _					Date:		
EMPLOYER							
Employer name:Employer							
Hire date:/		Date of partic	ipation:/				
Prior service with curre	ent employer:	years n	nonths Most red	cent termination o	late with this employe	er:/	
If other service count	ed for eligibility	and/or vesting	under the plan:				
Previous employer nan	ne:					years	months
Before entering cont more information abo			•	• •		dollar amour	ıts. For
Employer contributions	s: \$	_ or%	0				
Participant contribution	is:						
Tax-sheltered		Roth elective	deferrals	Tax- _l	oaid		
\$ or	%	\$	or	_% \$	or	%	
Because this form also retain a copy of this form also because the copy of the second	form. If the emplignature:	loyer is not enro	elled in GuideSt	one's EAP, pleas	se return the origina	Il to GuideSto	ne.
Employer authorized p	rinted name:				Date:		