

Enrollment Application

403(b)(9) Retirement Plan for Southern Baptist Self-Employed Ministers and Chaplains

PARTICIPANT INFORMATION

Miss Dr.

Participant name: Ms. Mr. First: _____ MI: _____ Last: _____

Mrs. Rev.

Social Security number: _____ Birth date: ____/____/____

Gender: Male Female Marital status: Married Single

Daytime telephone: (_____) _____ Email address: _____

Home address: _____

City: _____ State: _____ ZIP Code: _____

Spouse first name: _____ MI: _____ Last: _____

Spouse Social Security number: _____ Spouse birth date: ____/____/____

I am a NAMB-endorsed chaplain or evangelist.

CONTRIBUTION INFORMATION

I am a (choose one of the three options below):

A. Chaplain and (choose one of the two options below):

1. My employer provides me a *W-2* and they will salary reduce my 403(b) contributions. (Choose one, two or all of the options below.)

I will make tax-sheltered contributions of: \$ _____

I will make employer contributions of: \$ _____

I will make Roth elective deferral contributions of: \$ _____

Roth elective deferral contributions are irrevocable once the amount is withheld and paid to the 403(b)(9) Retirement Plan for Southern Baptist Self-employed Ministers and Chaplains (the Plan), and any change can only be prospective. Tax-sheltered contributions and Roth elective deferral contributions are not eligible for a tax deduction.

2. My employer provides me a *W-2*; however, they will **not** salary reduce my 403(b) contributions. (Choose one or both of the options below.)

I will make employer contributions of: \$ _____

I will make Roth elective deferral contributions of: \$ _____

Roth elective deferral contributions are irrevocable once the amount is withheld and paid to the Plan, and any change can only be prospective. Roth elective deferral contributions are not eligible for a tax deduction.

B. Self-employed minister (receives *1099* income) and (choose one or both of the options below):

I will make employer contributions of: \$ _____

I will make Roth elective deferral contributions of: \$ _____

Roth elective deferral contributions are irrevocable once the amount is withheld and paid to the Plan, and any change can only be prospective. Roth elective deferral contributions are not eligible for a tax deduction.

C. Foreign missionary who is ordained, licensed or commissioned as a minister and serves outside the United States. I will make after-tax employer missionary contributions of: \$ _____

After-tax employer missionary contributions are not eligible for a tax deduction.

Total contributions: \$ _____



EMPLOYER

Complete this section if you are a chaplain and your employer will salary reduce your 403(b) contributions.

Employer name: _____ Billing contact name: _____

Contact telephone number: (_____) _____ Contact email address: _____

Billing address: _____

City: _____ State: _____ ZIP Code: _____

NEW EMPLOYER INFORMATION (TO BE COMPLETED BY EMPLOYER'S BILLING CONTACT)

Complete if this is the first employee from this employer to enroll in the 403(b)(9) Retirement Plan.

Employer Tax ID Number: _____ Association: _____

CHOOSE YOUR FUNDS

Use one of the three options below to choose your investment funds. For fund information, visit GuideStoneRetirement.org/InvestmentChoices.

OPTION 1 – ONE-CHOICE APPROACH / GUIDESTONE TARGET DATE 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 2015 Fund MyDestination 2035 Fund MyDestination 2055 Fund
- MyDestination 2025 Fund MyDestination 2045 Fund

OPTION 2 – ASSET ALLOCATION APPROACH / GUIDESTONE 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 **Moderately conservative** — Balanced Allocation Fund
- Moderately aggressive** — Growth Allocation Fund **Aggressive** — Aggressive Allocation Fund

OPTION 3 – BUILD-YOUR-OWN APPROACH / GUIDESTONE SELECT FUNDS

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% _____ %

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 Plan. GuideStone has designated a Target Date Fund to which contributions are made 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 GuideStone.org or call 1-888-98-GUIDE (1-888-984-8433).

REQUIRED SIGNATURE

This election will remain in effect until I revoke it in writing or until I call a customer solutions specialist. By signing this form, I am accepting the terms of the Plan.

Participant signature: _____ Date: ____/____/____

Return your completed form to: **Retirement Operations**
GuideStone Financial Resources
5005 LBJ Freeway, Ste. 2200
Dallas, TX 75244-6152

Or you may fax your form to: 1-866-692-6327

Eligibility Requirements and Participant Responsibilities

403(b)(9) Retirement Plan for Southern Baptist Self-Employed Ministers and Chaplains

By enrolling in the Plan, you certify that you have read and currently meet the eligibility requirements for the Plan. You also certify that you have read, understand and accept your responsibilities as a participant in the Plan.

General directions for completing the enrollment application

- You can save time by calling **1-888-98-GUIDE** (1-888-984-8433) and enroll by phone, or enroll online at our website *GuideStone.org*.
- This form must be typed or completed in ink. If you make any changes to the written information, initial the changes.
- Use this form to enroll in the Plan. To make contributions to the Plan, you must be a self-employed minister or a non-self-employed minister. See below for the eligibility requirements. It is your responsibility to determine whether or not you are eligible to participate in the Plan.
- If your employment situation changes and you are no longer eligible to participate in the Plan, **it is your responsibility to notify GuideStone immediately of your change in status**. There may be adverse tax consequences if you continue to participate in the Plan, but do not meet and continue to meet the eligibility requirements.

You must meet the following eligibility requirements

- **Ministerial requirements:** You are a duly ordained, licensed or commissioned Southern Baptist minister of the gospel* **and**
- **Employment status requirements:** You are receiving income from performing services as a Southern Baptist minister.

Is this *1099-MISC* self-employment income?

If “**yes**,” you are eligible to participate in this Plan.

If “**no**,” go to the next question.

Is this *W-2* income from performing services for your employer?

If “**yes**”:

- Is your employer a branch of the U.S. Armed Forces; or
- Is your employer a for-profit organization or a tax-exempt organization but **not** tax-exempt under Code Section 501(c)(3); or
- Is your employer a tax-exempt organization under Code Section 501(c)(3) with whom you **do not** share common religious bonds or convictions?

If you answered “**yes**” to any of these questions, then you are eligible to participate in this Plan.

If you answered “**no**” to all of these questions, then you are not eligible to participate in this Plan.

Is this *W-2* income from performing services for your employer, and your employer is a tax-exempt 501(c)(3) organization with whom you share common religious bonds or convictions?

If “**yes**,” you are not eligible to participate in this Plan. (Please contact GuideStone to discuss your alternatives.)

Responsibilities

- To remit contributions to GuideStone Financial Resources
- To maintain service, compensation and contribution records
- To report to government agencies, as appropriate
- To provide prompt notice to GuideStone Financial Resources when the participant’s ministry ceases to be within the bounds of the Southern Baptist Convention
- Any other duties necessary or applicable with respect to the Plan and not specifically set forth as a duty of GuideStone Financial Resources within the Plan

If your employment situation changes and you are no longer eligible to participate in the Plan, you must notify GuideStone immediately of your change in status. There may be adverse tax consequences if you participate in the Plan but fail to meet the eligibility requirements.

* If you are currently employed with a Southern Baptist church, please contact a GuideStone customer solutions specialist to discuss the benefits of participating in the Church Retirement Plan at **1-888-98-GUIDE** (1-888-984-8433).