

Form 10

Authorization and Forms Summary

General Information

- This form lists the various forms your organization submits with its data and authorizes GuideStone to contact specified individuals concerning your organization's nondiscrimination tests.
- **Return this form when you submit information for year-end testing.**

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Instructions for Authorization and Forms Summary

Instructions for completing each section

Section 1 — Indicate the legal name of your organization.

Section 2 — Provide the requested information.

Section 3 — Provide the names and telephone numbers, email addresses and fax numbers of persons in your organization who may be contacted regarding questions concerning nondiscrimination testing and the type of questions each person can answer.

- Questions may concern the test data (both content and formatting problems), forms, your organization's plan and test results.
- You may list only one person or several persons if each has a specific area of responsibility. For example, one person may be able to help with questions concerning the data and another with questions concerning test results. It is very important that this section be completed.

Section 4 — If you submit data, indicate the nondiscrimination test(s) to be performed for your organization's retirement plan for the 2024 Plan Year. If you do not check one of the tests, full testing will be performed.

- Coverage Test
- Amount Test
- Actual Contribution Percentage Test (ACP Test)
- Availability Test(s)
- Actual Deferral Percentage Test (ADP Test) — 401(k) plans only

As indicated in the 2024 Plan Year Expense Recovery Charge, should your organization request GuideStone to perform more than two tests using data for this Plan Year, the charge is the same as it is for full testing.

For more information concerning specific tests listed above, refer to the Guide and your 2024 Plan Year Nondiscrimination Testing Results Report. The Guide may be viewed on GuideStone's website at www.GuideStone.org.

Do not complete Box 4 if your organization does not submit data for nondiscrimination testing.

Section 5 — Secure the signature of an authorized officer. An authorized officer is the chief executive officer, any officer authorized to sign your organization's plan or any person who has a written authorization on file with GuideStone.

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1. NAME

Legal name of organization: _____

2. INFORMATION SUBMITTED TO GUIDESTONE

☐ **Nondiscrimination testing data**

Number of employers submitting data: _____

Data submitted per employer:

☐ Internet: Number of records: _____

If data cannot be provided in a format as listed above, contact the Compliance Department.

3. AUTHORIZED PERSONS

Until further written notice, GuideStone is authorized to contact the following authorized persons for the purpose(s) indicated below on matters related to nondiscrimination testing.

Authorized person		Telephone number / email address / fax number		Indicate purpose (Data, adoption agreement, test results, etc.)

4. TESTING AUTHORIZATION

GuideStone is authorized to perform the nondiscrimination test(s) indicated below for the 2024 Plan Year (not applicable if data is not being submitted).

☐ Full testing OR ☐ Coverage test ☐ ACP test ☐ Availability test(s) ☐ Amount test ☐ ADP test (401(k) plans only)

5. ORGANIZATIONAL INFORMATION

Signature of authorized officer: _____ Date: _____ / _____ / _____

Printed name of officer: _____ Telephone number: (_____) _____

Return this form to: Retirement Compliance Department
GuideStone Financial Resources
5005 LBJ Fwy., Ste. 2200
Dallas, Texas 75244-6152

