

Form 7B
General Information Questionnaire
(for Control Groups)

General Information

- This questionnaire will assist you in collecting general information needed for determining whether your organization's retirement plan complies with the nondiscrimination requirements.
- **Return this questionnaire when you submit data for year-end testing.**

Form 7B

Instructions for General Information Questionnaire (for Control Groups)

Instructions for completing each section

Section 1—Indicate the legal name of your organization.

Section 2—Indicate the definition of standard compensation used to complete the compensation fields in the nondiscrimination testing data.

Section 3 — Plan information

Item 1. List the names of each employer in the control group, the names of all retirement plans offered by each employer, the type of retirement plan and the beginning and ending dates of the plan year of each retirement plan. Examples of retirement plans are 403(b)(9) retirement plan, VALIC, TIAA-CREF, etc. Types of retirement plans are 403(b), 401(k) and defined benefit plans. Plan Year beginning and ending dates might be "1/1/24 - 12/31/24." Plan testing method includes current and prior year testing.

List the types of contributions that can be made to each.

Types of contributions include employee salary reduction contributions (EESR), Roth elective deferral contributions (ROTH), employee tax-paid contributions (EETP), employer matching contributions (ERM), employer non-matching contributions (ERNM) and employee **mandatory** salary reduction contributions (EEMAN).

Remember — identify the types of contributions **available** under the plan. Do not omit a contribution type merely because no employee is making or receiving that type of contribution.

Item 2. If an HCE is eligible for an additional contribution, benefit or feature that is not available to all other employees, list the last four digits of the Social Security number(s) of the HCE(s). Disregard whether the benefit is provided for in your organization's plan.

Examples of rights, benefits, features or provisions include, but are not limited to, differences in eligibility or participation requirements, differences in contribution or vesting structures, differences in the definition of compensation upon which contributions are based, or differences in retirement benefit options. Additionally, identify such features as one-time or ongoing supplemental contributions, if applicable.

Item 3. List the last four digits of the Social Security number of any former employees who received new or additional contributions or benefits under the retirement plan during the 2024 Plan Year. Identify the benefit received.

Section 4 - 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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Reset Form

1. NAME

Legal name of organization:

2. COMPENSATION INFORMATION

Indicate the definition of standard compensation used for purposes of Items 13 and 14 of the Nondiscrimination Testing Data List (For Control Groups):

- ☐ General 415 compensation
- ☐ General W-2 compensation
- ☐ Adjusted 415 compensation
- ☐ Adjusted W-2 compensation

3. PLAN INFORMATION

1. Separately list the names of each employer in the control group. Provide the names of all retirement plans offered by each employer 403(b)(9) retirement plan, VALIC, TIAA-CREF, etc.), the type of plan (403(b) plan, 401(k) plan, defined benefit plan, etc.), the beginning and ending dates of the plan year, the testing methods and the contribution types available under each plan for the 2024 plan year.

Employer	Retirement plan	Type of plan	Plan Year and testing method used	Contribution types

2. For each HCE eligible to benefit under the organization’s retirement plan, list any contributions, rights, benefits, features or provisions available to an HCE that were not available during the 2024 plan year on a uniform basis to all other eligible employees. Provide this information for each HCE regardless of whether such features are specifically provided for in the organization’s plan.

Last four digits of employee’s Social Security number	Benefit being received

Continued on other side

3. List any former employees of your organization who received new or increased contributions or benefits under the organization’s retirement plan during the 2024 Plan Year.

Last four digits of employee’s Social Security number		Benefit being received	

4. 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