

# Participating Employer Information Form for Associational Plans

(Please complete all of the information below and return via email/scan or fax.)

## 1. ADMINISTRATIVE INFORMATION

Name of participating employer (legal name): \_\_\_\_\_  
Federal Tax Identification Number: \_\_\_\_\_ Phone number: (\_\_\_\_\_) \_\_\_\_\_  
Physical address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Mailing address (if different): \_\_\_\_\_

## 2. EMPLOYER BANK INFORMATION

Financial institution name: \_\_\_\_\_ Bank phone number: (\_\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Routing transit number: \_\_\_\_\_ Account number: \_\_\_\_\_

## 3. CONTRIBUTION INFORMATION

Plan effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of first contributions: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of enrollment kits: \_\_\_\_\_  
Payment method:  
 Automatic draft (fixed day) - on the \_\_\_\_\_ of every month (must be between the 3rd and 20th)  
 Upon employer notification through the Employer Access Program (EAP) - Frequency of contributions:  
 Monthly  Bi-weekly  Semi-monthly  Other:

**Salary-reduced contributions must be remitted for deposit into the plan as soon as reasonably possible (generally by the 15th business day of the month following the payday). Any employer contributions should also be remitted in a timely manner. Once contributions are remitted to the plan, they become plan assets and can only be paid out in accordance with IRS guidelines.**

## 4. EAP ADMINISTRATOR INFORMATION

Administrator name: \_\_\_\_\_ Social Security number: \_\_\_\_\_  
Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone number: (\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

The EAP administrator will perform the following functions on a regular basis: (1) Enroll new participants, (2) remit contributions on a regular basis, (3) update participant employment status, (4) keep bank information current for remittance of contributions via ACH or fixed draft, (5) notify GuideStone immediately of any account discrepancies, (6) assign other EAP administrators as necessary and (7) verify all contribution types and amounts are correct **prior** to payment.

I acknowledge as the designated EAP administrator I am responsible for carrying out the Employer Access Program functions, and I am familiar with the relevant provisions of the plan as agreed upon by the plan sponsor.

EAP administrator signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 5. ACKNOWLEDGEMENT

Authorized officer or representative signature: \_\_\_\_\_  
Authorized officer or representative printed name and title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### FOR GUIDESTONE USE ONLY

Plan Id: 1XML65 Association: \_\_\_\_\_ Association: \_\_\_\_ XM \_\_\_\_\_ Denom: USMB  
Primary ER: 150843 Group Id: A1 Group Type: Secondary Fee: Part





## PARTICIPATING EMPLOYER AGREEMENT

\_\_\_\_\_ (“Participating Employer”)  
under the 403(b)(9) Retirement Plan with Mennonite Brethren Foundation (“Sponsoring Employer”).

1. **EFFECT OF THIS AGREEMENT.** By executing this Agreement the undersigned becomes a Participating Employer in the Plan. Furthermore, this Agreement sets forth the terms under which the Participating Employer may elect rules and procedures and the terms for participation in the Plan.
2. **TERMS AND CONDITIONS OF PARTICIPATION.** By becoming a Participating Employer in the Plan, the Participating Employer certifies that it acknowledges, understands and agrees to the following terms and conditions:
  - A. **Plan Document.** The current version of the Plan is the restated version adopted by Sponsoring Employer which is comprised of the Adoption Agreement, the Basic Plan Document and Trust Agreement, which are maintained by Sponsoring Employer, and the rules and procedures document(s) of the Participating Employers.
  - B. **Administrative Rules and Procedures.** The Plan documents encourage Participating Employers to adopt a number of well-documented administrative rules and procedures. The Participating Employer understands changes to rules and procedures are limited to eligibility, compensation, contributions, and other items specifically noted in the Plan as being governed by rules and procedures.
  - C. **Adoption Agreement Changes.** Sponsoring Employer has adopted the Plan and controls those features of the Adoption Agreement which are not controlled by the Participating Employer’s rules and procedures documents (see C above). If the Participating Employer decides to amend options in the Adoption Agreement that are different from what Sponsoring Employer has elected, the Participating Employer will need to enter into a separate plan to implement those options.
  - D. **Acceptance of Plan Administrator Delegation.** In accordance with the terms of the Plan, Sponsoring Employer has designated the Participating Employer as the Plan Administrator of the Participating Employer’s Plan. By becoming a Participating Employer in the Plan, the Participating Employer agrees to this delegation.
  - E. **Investment Funds.** The Participating Employer has reviewed information regarding the investment funds made available under the Plan for investment by Participants and Beneficiaries (the “Available Investment Funds”). By entering into this Agreement, the Participating Employer acknowledges and agrees that: (a) it has determined that the Available Investment Funds are suitable for its Plan and its Plan’s Participants and Beneficiaries; and (b) it is directing Sponsoring Employer to utilize the Available Investment Funds for investment by Participants and Beneficiaries.
  - F. **Requirements for Participation.** The Participating Employer will provide the Sponsoring Employer, GuideStone or their appointees with any information or documentation necessary or desirable for Plan administration or legal compliance of the Plan.
  - G. **Withdrawal from Participation.** The Participating Employer may withdraw from participation in the Plan at any time by giving written notice to the Sponsoring Employer. Any distribution or transfer of its account balances in the Plan, whether to its participants or to another retirement plan or to an IRA, will be net of its proportionate share of any Plan administrative, maintenance and investment management expenses that are properly chargeable to the Participating Employer or its participants’ accounts and are unpaid as of the withdrawal date.
3. **EXECUTION OF AGREEMENT.** The undersigned Participating Employer, by executing this Participating Employer Agreement, elects to become a Participating Employer in the Plan. The Participating Employer accepts, and agrees to be bound by, all of the elections made by Sponsoring Employer to the Adoption Agreement, except as otherwise provided in this Participating Employer Agreement. The Participating Employer also hereby consents to Sponsoring Employer’s sole authority to amend, to restate (including into the form of a volume submitter plan, as defined in Rev. Proc. 2013-22 and any subsequent updates), or to terminate the Plan or to terminate the Participating Employer’s participating in the Plan.

**PARTICIPATING EMPLOYER:**

Hereby agrees to the terms and duties as set forth in this Agreement

By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**SPONSORING EMPLOYER:**

Approves and accepts the Participating Employer as being eligible to be a Participating Employer for the purpose of this Plan.

By: Jon C. Wile Title: President & CEO

# GuideStone Express Enroll Select

## 403(b) Retirement Plan

### Please enroll me in the GuideStone 403(b) Retirement Plan

As of \_\_\_/\_\_\_/\_\_\_ I wish to contribute the following monthly amount: \$\_\_\_\_\_

Please have an investment specialist contact me about consolidating my other retirement plans with GuideStone.

Name: \_\_\_\_\_  Male  Female

Social Security number: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Daytime phone: (\_\_\_\_) \_\_\_\_\_ Spouse name (if married): \_\_\_\_\_

Email: \_\_\_\_\_

I elect that:

- Contributions will be invested in the GuideStone Funds MyDestination Fund® that most closely corresponds to the year in which I will turn age 65.
- Tax-deferred contributions will begin with the next pay period. If you would prefer to make Roth elective deferrals, please check this box:  
 Roth contributions

Information on GuideStone Funds is available at [www.GuideStoneFunds.com](http://www.GuideStoneFunds.com). A summary of plan provisions is available upon request. Contribution types, amounts, investment elections and beneficiary designations may be changed at any time to fit your individual needs. You have sole responsibility for your investment elections and are encouraged to review your available options and make changes at any time to fit your individual situation.

Participant signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Please give this form to your employer and retain a copy for your records.**

#### TO BE COMPLETED BY EMPLOYER

Employer name: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Contact name: \_\_\_\_\_ Contact phone: \_\_\_\_\_ Contact email: \_\_\_\_\_

Hire date: \_\_\_/\_\_\_/\_\_\_ Date of participation: \_\_\_/\_\_\_/\_\_\_ Employer contributions: \$\_\_\_\_\_



# Rules and Procedures For Eligibility and Contribution

With this document, the \_\_\_\_\_ (“Employer”), sets forth its rules and procedures under the provisions of the 403(b)(9) Retirement Plan (“Plan”) for \_\_\_\_\_ (name of Employer). The Plan incorporates these rules and procedures under the Basic Plan Document.

Words that are capitalized in this document are defined terms, which have the same meaning as used in the Basic Plan Document.

The initial effective date of these rules and procedures is \_\_\_\_\_, 20\_\_\_\_\_. These rules and procedures remain in effect until they are changed\* by the Employer.

Only Employees who receive W-2 income are eligible to participate in the Plan.

\*According to the IRS, the Plan must be kept accurate with what the Employer is actually doing. In the event of a change, the rules and procedures must be updated **prior** to the change.

## SECTION 1 – COMPENSATION

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Check all items to be considered as Compensation for purposes of determining Contributions to the Plan:

- |   |   |
|---|---|
| <input type="checkbox"/> Regular pay as reported on Form W-2  | <input type="checkbox"/> Minister’s housing allowance |
| <input type="checkbox"/> Overtime pay as reported on Form W-2 | <input type="checkbox"/> Post-severance compensation  |
| <input type="checkbox"/> Bonus pay as reported on Form W-2    | <input type="checkbox"/> Differential wage payments   |

## SECTION 2 - EMPLOYEE CONTRIBUTIONS (FROM THEIR OWN PAY)

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Check the Employees who will be eligible to make Tax Sheltered Contributions and/or Tax Paid Contributions, including Roth Elective Deferrals if allowed:

All Employees will be eligible.

Or

Only Employees who meet the following Service requirements below will be eligible:

Expected and/or regularly work \_\_\_\_\_ hours or more per \_\_\_\_\_ (week, month, year)

Other: \_\_\_\_\_

Or

Other: \_\_\_\_\_

Check when an eligible Employee can begin participation in the Plan:

The first day the Employee meets the Plan’s above eligibility requirements

Other: \_\_\_\_\_

### Tax Sheltered Contributions

While employed with the Employer, an eligible Employee may make Tax Sheltered Contributions to the Plan.

In addition to Tax Sheltered Contributions, eligible Employees may make the following types of Contributions:

- |  |   |
|--|---|
| <input type="checkbox"/> Roth Elective Deferrals | <input type="checkbox"/> Tax Paid Contributions |
|--|---|

### Automatic Enrollment

Check if the Plan provides for the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Automatic Contribution Agreement (See addendum) | <input type="checkbox"/> Eligible Automatic Contribution Agreement (See EACA addendum) |
|--|--|

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**SECTION 3 - EMPLOYER CONTRIBUTIONS**

**Check the Employees who will be eligible to receive Employer Contributions to the Plan:**

All Employees will be eligible

**Or**

Only Employees who meet the Service requirements checked below will be eligible:

**Select all that apply:**

Must be age \_\_\_\_\_ or older

Must complete \_\_\_\_\_ months or more of Service

Past Denominational Service of new hires  will  will not be counted

Past service of former Employees who are rehired  will  will not be counted

Expected and/or regularly work \_\_\_\_\_ hours or more per \_\_\_\_\_ (week, month, year)

Other: \_\_\_\_\_

**Check the types of Employer Contributions that will be provided to eligible Employees (as defined above):**

Matching Contributions (select one of the following options):

A Matching Contribution equal to the Participant's contribution, but not to exceed a maximum of \_\_\_\_\_% of Compensation. (i.e. 10%)

A Matching Contribution equal to \_\_\_\_\_% (i.e. 100%) of the Participant's contribution, but not to exceed a maximum of \_\_\_\_\_% of Compensation. (i.e. 10%)

A Matching Contribution based on Years of Service

Matching contribution of _____% of a Participant's Compensation but not to exceed a maximum of _____% of Compensation. (i.e. 10%)	For each _____ Years of Service
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Other: \_\_\_\_\_

Non-matching Contributions (select one of the following options):

Fixed percentage equal to \_\_\_\_\_% of the Participant's Compensation

A percentage of the Participant's Compensation based on the following Years of Service schedule:

COMPLETED YEARS OF SERVICE	PERCENTAGE OF COMPENSATION
Less than _____ Year(s)	_____ %
_____ Year(s)	_____ %
_____ Year(s)	_____ %
_____ Year(s)	_____ %
_____ Year(s) or more	_____ %

Other: \_\_\_\_\_

**No additional requirements exist to receive Employer Contributions.**

**RULES AND PROCEDURES EXECUTION**

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By signing below, the Employer by its duly authorized officer or other representative hereby agrees to the rules and procedures of the Employer as indicated above. The Employer, by its duly authorized officer or representative has executed this document, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Name of Employer: \_\_\_\_\_

Authorized officer or representative signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_

**This document should be completed and retained by the Employer. Please do not send this document to GuideStone.**

## Sample Policies and Procedures

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<<Name of Employer>> provides a 403(b) Retirement Savings Plan to help employees accumulate financial resources for retirement. The Plan allows eligible employees to elect how much of their salary they wish to contribute to the plan and to direct the investment of their funds into professionally managed investment funds. Deferrals can be made on a **tax-sheltered or Roth** basis.

### Eligibility

Employees who regularly work **20 hours or more in a week** are eligible to participate in the 403(b) Retirement Savings Plan. **Temporary, seasonal or contract** employees are not eligible to participate in the 403(b) Retirement Savings Plan.

Eligible employees may choose to enroll at any time after their hire date. A participating employee's first deduction will be made from their earnings on the first payroll following the employee's enrollment into the plan and submission of a *Salary Reduction Agreement*.

[Please note: You may have different eligibility criteria for employee deferrals and employer contributions. If so, you will need to state that in the eligibility section separately.]

### Definition of Compensation for Determining Contribution Amounts

Eligible employees may elect either a flat rate contribution amount or a percentage of earnings to be contributed to the 403(b) plan. **For those calculating deductions based on a percentage, eligible earnings will be considered to be all W2 wages including overtime, bonuses or any other supplemental income.**

### Employer Contributions

Option 1: <<Name of Employer>> will provide an employer contribution of **5%** of the participant's compensation regardless if the participant is also deferring to the plan. **[Non-Match]**

Option 2: <<Name of Employer>> will provide a dollar-for-dollar match not to exceed **5%** of the participant's compensation each pay period. **[Match]**

Option 3: <<Name of Employer>> may provide a contribution in the amount or ratio as determined by the Employer at its discretion. **[Discretionary]**

Option 4: <<Name of Employer>> will provide an employer contribution of **10%** of the participant's compensation for Ministerial employees and **5%** for Non-ministerial employees. **[Please note: if you use specific classification of employees for eligibility and contributions, classifications must be clearly defined within this policy and procedure. In addition, you must be consistent in application of the classification when letting them in the plan or determining contributions.]**