

# GUIDESTONE EXPRESS ENROLLMENT FORM RETIREMENT PLAN

No other forms need to be filled out if you complete and submit this form.

## STEP 1 – EMPLOYEE INFORMATION

Participant name: \_\_\_\_\_ Social Security number: \_\_\_\_\_  
Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female Marital status:  Married  Single  
Mobile phone: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
Spouse name (if married): \_\_\_\_\_ Spouse Social Security number: \_\_\_\_\_  
Spouse birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Do you have prior service with this employer?  Yes  No  
 Please contact me about consolidating my other retirement plans.

## STEP 2 – EMPLOYEE ELECTION

I elect, understand and authorize my employer to deduct from my paychecks the following amount, remitted into my account in the retirement plan beginning \_\_\_\_/\_\_\_\_/\_\_\_\_:

Select one or a combination of contribution types below.

- Tax-sheltered:  12%  9%  6% or  Other: \_\_\_\_% or \$\_\_\_\_\_ per pay period/per month (circle one)  
 Roth deferrals\*:  12%  9%  6% or  Other: \_\_\_\_% or \$\_\_\_\_\_ per pay period/per month (circle one)  
 Tax-paid\*:  12%  9%  6% or  Other: \_\_\_\_% or \$\_\_\_\_\_ per pay period/per month (circle one)

\*Please see your employer for availability of Roth and tax-paid contributions.

Contributions will be invested in the GuideStone Funds® MyDestination Fund® that most closely corresponds to the year in which I will turn age 65. My election is irrevocable once my employer withholds the deferrals from my paycheck. Any future change of election regarding tax-deferred or Roth elective deferrals is effective only for deferrals from paychecks I receive after the plan administrator accepts my change of election.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Information on GuideStone Funds is available at [GuideStoneFunds.com](http://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 my individual needs. I have sole responsibility for my investment elections and am encouraged to review my available options and make changes at any time to fit my individual situation.

## STEP 3 – TO BE COMPLETED BY EMPLOYER (GIVE THIS TO YOUR EMPLOYER AND RETAIN A COPY FOR YOUR RECORDS.)

Employer name: \_\_\_\_\_ Employer number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Contact name: \_\_\_\_\_  
Contact email: \_\_\_\_\_ Employer phone: (\_\_\_\_) \_\_\_\_\_  
Hire date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of participation: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer contributions: \$\_\_\_\_\_ or \_\_\_\_ %  
Prior service with current employer: \_\_\_\_\_ Years \_\_\_\_\_ Months  
Most recent termination date with this employer: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**If other service counted for eligibility and/or vesting under the plan:**  
Previous employer name: \_\_\_\_\_ Years \_\_\_\_\_ Months

### Employer returns copy of completed form to:

Retirement Operations  
GuideStone  
5005 LBJ Freeway, Ste. 2200  
Dallas, TX 75244-6152

Or online at [EAP.GuideStone.org](http://EAP.GuideStone.org)

