

Inbound Rollover

Use this form to roll over money from a former employer-sponsored plan or traditional IRA to your retirement income account at GuideStone Financial Resources.



Do well. Do right.®

Application for Rollover into Retirement Plan

Use a separate form for each distribution eligible for rollover.

For assistance, please call **1-888-98-GUIDE** (1-888-984-8433).

Return the completed form to:

Retirement Operations
GuideStone Financial Resources, SBC
2401 Cedar Springs Road
Dallas, TX 75201-1498

Mail check overnight or first class mail to:

Finance and Accounting
GuideStone Financial Resources
FBO participant name
2401 Cedar Springs Road
Dallas, TX 75201-1498

PARTICIPANT INFORMATION (THIS FORM MUST BE TYPED OR COMPLETED IN INK.)

Participant name: _____ Social Security number (last four digits): _____

Home address: _____

City: _____ State: _____ ZIP Code: _____

Birth date: ____/____/____ Marital status: Married Single

Daytime telephone: (____) _____ Email address: _____

Employer name: _____

Place rollover in the following employer plan with GuideStone: _____

ROLLOVER INFORMATION (THE INFORMATION BELOW IS REQUIRED TO PROCESS YOUR ELIGIBLE ROLLOVER DISTRIBUTION.)

Only eligible amounts may be rolled over, thereby avoiding current taxation.

A. Check the box that indicates the type of plan the rollover was distributed from:

- A distribution or direct rollover from an Individual Retirement Account or Annuity (IRA) described in Code Section 408(a) or 408(b).
- Other eligible retirement plan (example: 401(k) or 403(b) plan) _____.
- A distribution made payable to you (indirect rollover).

B. Account to be rolled over to GuideStone (Indicate the name, address and telephone number of the distributing plan.):

Current custodian: _____ Telephone number: (____) _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Please liquidate and roll over the following investments to GuideStone. (Contact the distributing plan for information as to whether 100% of your distribution is eligible for rollover.)

Account number: _____ Fund name: _____ Entire account Partial _____ \$ or %

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For IRA Certificates of Deposit: Immediately **or** Upon maturity – maturity date: ____/____/____

If your CD is to be rolled over upon maturity, we must receive this form at least 30 days, but not more than 60 days, prior to the maturity date. If the maturity date is more than 60 days away, the rollover form will be returned to you. Your current IRA custodian may impose a premature withdrawal penalty if you choose to liquidate your CD prior to maturity. If you are rolling over more than one CD and the maturity dates are more than one month apart, please complete separate forms.

C. Participants with 403(b) plan rollover funds only: Is the rollover amount attributable to church-related service? Yes No

If "Yes," \$ _____ of the rollover is attributable to salary reduction contributions to a retirement plan administered by a church related employer (do not include earnings in the total). If no amount is provided, the total rollover amount will be included as prior salary reduction contributions for the purpose of calculating contribution limits under Code Section 402(g).

Denominational affiliation: _____



ROLLOVER INFORMATION (CONTINUED)

D. The rollover amount represents \$ _____ of tax-paid contributions and \$ _____ of tax-paid earnings from an eligible retirement plan as described in Code Section 401(a) or 403(b). **The rollover amount does not include non-deductible contributions to an IRA.** (Note: Tax-paid rollovers must be a direct rollover from the distributing plan.)

E. The rollover amount represents \$ _____ in Roth elective deferral contributions and \$ _____ in Roth elective deferral earnings from an eligible retirement plan as described in Code Section 401(a) or 403(b). (Note: Roth elective deferral rollovers must be a direct rollover from the distributing plan.)

Tax year in which the first Roth elective deferral was contributed _____.

CHOOSE YOUR FUNDS

Use one of the four options below to choose your investment funds.

OPTION 1 – CURRENT ALLOCATIONS

Invest my rollover as future contributions are allocated on file. I understand if I am not actively contributing, my rollover will be placed according to the most recent contribution allocation on file.

(Not applicable if you completed Option 2, Option 3 or Option 4.)

OPTION 2 – DATE TARGET FUNDS

Choose the (one) fund with the target date that best represents your desired retirement date.

(Not applicable if you completed Option 1, Option 3 or Option 4.)

MyDestination 2005

MyDestination 2025

MyDestination 2045

MyDestination 2015

MyDestination 2035

MyDestination 2055

OPTION 3 – ASSET ALLOCATION FUNDS

Choose the (one) fund that best represents your investor profile.

(Not applicable if you completed Option 1, Option 2 or Option 4.)

Conservative – Conservative Allocation Fund (25% equities, 75% fixed income).

Moderately conservative – Balanced Allocation Fund (50% equities, 50% fixed income).

Moderately aggressive – Growth Allocation Fund (75% equities, 25% fixed income).

Aggressive – Aggressive Allocation Fund (100% equities).

OPTION 4 – BUILD YOUR OWN PORTFOLIO

Use Option 4 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, Option 2 or Option 3.)

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 retirement plan. GuideStone has a designated 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.

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 www.GuideStone.org or call 1-888-98-GUIDE (1-888-984-8433).

PARTICIPANT SIGNATURE AND CERTIFICATION (YOU MUST SIGN AND DATE THE APPLICATION OR THE FORM WILL BE RETURNED TO YOU.)

I authorize the rollover of funds to GuideStone. I understand that if I am age 70½ or will attain age 70½ in this calendar year, I must satisfy any minimum distribution requirements prior to a direct rollover or leave the required distribution amount in the existing account and withdraw it prior to the distribution deadline (generally December 31).

I certify that:

- The rollover is attributable to a distribution or direct rollover from an eligible retirement plan as described in Code Section 402(c)(8)(B).
- If the rollover is from an IRA, the rollover amount does not include any non-deductible contributions.
- If the rollover is **not a direct rollover**, the distribution:
 - Is contributed to GuideStone within 60 days after distribution from the eligible retirement plan, and
 - If applicable, was previously rolled into the IRA within 60 days after the original distribution from the eligible retirement plan.
 - Is an eligible rollover distribution (i.e., not a Required Minimum Distribution or Hardship Distribution).
- The information provided in D and E is accurate. I understand that the characterization of the rollover amounts cannot be changed at a later date. I understand that:
 - Any portion of this rollover that is not attributable to ministerial compensation is not eligible for designation as minister's housing allowance upon withdrawal,
 - I am responsible for keeping information about whether all or any portion of this rollover and related earnings are eligible for minister's housing allowance,
 - GuideStone will not have any information about the eligibility of this rollover, with earnings, for minister's housing allowance,
 - I am responsible for determining my eligibility for minister's housing allowance at retirement, and
 - I am responsible for determining the appropriate amount to ask GuideStone to designate as minister's housing allowance as required by applicable law.
- GuideStone may rely on the representations indicated on this form and is hereby released from any liability regarding the accuracy of such representations.
- I am responsible for any tax consequences arising from this transaction and for any fees imposed by the distributing institution.
- If applicable, I am responsible to confirm that the receiving plan accepts Roth 403(b) funds.
- My signature below authorizes the current custodian of these funds to release any and all information regarding my account to GuideStone Financial Resources in any form GuideStone Financial Resources may request.

Medallion signature guarantee: Not required by GuideStone, but might be by the distributing plan. Please call the custodian or the distributing plan to see if a signature guarantee or other documentation is required.

Medallion signature guarantee — medallion stamp*: _____

*The medallion signature guarantee may be executed by banks, broker dealers, credit unions, national securities exchanges and savings associations which participate in STAMP, SEMP or NYSE-MSP. A notary public is not a substitute for a signature guarantee. The medallion signature guarantee stamp must include the words "Signature Guarantee, Medallion Guarantee" and otherwise comply with the medallion program requirements. Please check your fund prospectus or with your fund as to whether a signature guarantee is required.

Participant signature: _____ Date: ____ / ____ / ____

TO BE COMPLETED BY GUIDESTONE AS CUSTODIAN

GuideStone Financial Resources will accept a direct rollover from an eligible retirement plan as authorized under Code Section 402(c)(8) for your benefit. The direct rollover amount will be credited to your retirement income account at GuideStone governed under Section 403(b)(9) or Section 401(a) of the Internal Revenue Code.

Signature of GuideStone authorized representative: _____ Date: ____ / ____ / ____