

# Employer Access Program Designation of Employer Access Program Security Administrator(s)

## SECURITY ADMINISTRATORS

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Full name: \_\_\_\_\_  Add  Remove

Title: \_\_\_\_\_ Employer number: \_\_\_\_\_

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

Work telephone: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

This authorization is for:  Insurance  Retirement  Plan documentation

Full name: \_\_\_\_\_  Add  Remove

Title: \_\_\_\_\_ Employer number: \_\_\_\_\_

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

Work telephone: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

This authorization is for:  Insurance  Retirement  Plan documentation

Full name: \_\_\_\_\_  Add  Remove

Title: \_\_\_\_\_ Employer number: \_\_\_\_\_

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

Work telephone: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

This authorization is for:  Insurance  Retirement  Plan documentation

## AUTHORIZATION

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The undersigned, as a duly authorized officer of the employer named below, specifies the individual(s) listed above as Employer Access Program Security Administrator(s) (EAP security administrator(s)) for the Employer Access Program in accordance with the letter of agreement between GuideStone Financial Resources and the employer.

Name of employer: \_\_\_\_\_

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

Printed name of employer's authorized officer: \_\_\_\_\_

Signature of employer's authorized officer: \_\_\_\_\_

Date of signature\*: \_\_\_\_/\_\_\_\_/\_\_\_\_

\* Designation shall be effective upon receipt of form by GuideStone Financial Resources.

Return this form to: Retirement Operations  
GuideStone Financial Resources  
2401 Cedar Springs Road  
Dallas, TX 75201-1498

