

Enrollment Application – Field

General directions for completing the form

- This form must be typed or completed in ink. If you make any changes to the written information, initial the changes.
- Return your completed form to your employer's Insurance and Retirement Benefits Section. Please retain a copy of your completed form for your files.

Please Print

1. PARTICIPANT INFORMATION

Participant first name: _____ MI: _____ Last: _____

Social Security number: _____ Birth date: ____/____/____

Gender: Male Female Marital status: Married Single

Permanent U.S. address: _____

City: _____ State: _____ ZIP Code: _____

Spouse first name: _____ MI: _____ Last: _____

Spouse Social Security number: _____ Spouse birth date: ____/____/____

Email address: _____

2. CONTRIBUTION INFORMATION

Contribution and employment information: You will need assistance from your employer in completing this information. It may be possible for the Unit Head to make Roth elective deferrals, tax-paid contributions, or to make tax-sheltered salary reduction contributions during stateside assignment. In order to make a personal contribution, the Unit Head will need to complete and submit a **Retirement Contribution Agreement** with this completed **Enrollment Application**. Future changes in personal contribution amounts can be made at any time by submitting a new **Retirement Contribution Agreement**.

Indicate the plan investments for the contributions to be made.

Please refer to the plan *Fund Choices* brochure for more information regarding the plan investments. Use ONE of the three options below to choose your investment funds.

OPTION 1 – ONE CHOICE APPROACH / GUIDESTONE DATE TARGET FUNDS

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

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

- | | |
|--|--|
| <input type="checkbox"/> MyDestination 2005 Fund | <input type="checkbox"/> MyDestination 2035 Fund |
| <input type="checkbox"/> MyDestination 2015 Fund | <input type="checkbox"/> MyDestination 2045 Fund |
| <input type="checkbox"/> MyDestination 2025 Fund | <input type="checkbox"/> MyDestination 2055 Fund |

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OPTION 2 – ASSET ALLOCATION APPROACH / GUIDESTONE ASSET ALLOCATION FUNDS

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

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

- Conservative** – Conservative Allocation Fund
- Moderately conservative** – Balanced Allocation Fund
- Moderately aggressive** – Growth Allocation Fund
- Aggressive** – Aggressive Allocation Fund

OPTION 3 – BUILD YOUR OWN APPROACH / GUIDESTONE SELECT FUNDS

- Use this option if you choose to mix your own portfolio from the **Select Funds**.
(Not applicable if you completed Option 1 or Option 2.)

Investment Fund: _____ Percentage: _____ %
Investment Fund: _____ Percentage: _____ %
Investment Fund: _____ Percentage: _____ %
Total (must equal 100%): _____ %

Please write in the space below for more than three fund choices.

To the extent permitted by your employer’s plan, you have the right to make plan investment elections for contributions made on your behalf (employer and/or participant) to the retirement plan. GuideStone has designated a Date Target 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 and you have sole responsibility for this default 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).

3. EMPLOYER USE

Employer number: 660062

Beginning billing Instructions:

Date participant salary begins: ____/____/____

Initial contributions to begin for pay period ending: ____/____/____

4. REQUIRED SIGNATURES

Participant signature: _____ Date: ____/____/____

Employer signature: _____ Date: ____/____/____