

Enrollment Application — Field Personnel



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 the International Mission Board's Office of Finance, Insurance and Retirement Section. Please retain a copy of your completed form for your files.

1. PARTICIPANT INFORMATION (PLEASE PRINT)

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: _____

Assigned field region: _____ Field personnel I.D. number: _____

Spouse first name: _____ MI: _____ Last: _____

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

E-mail 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.

Indicate the plan investments and the dollar amounts for the contributions to be made for the billing period. 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 — 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 | |

OPTION 2 — 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 (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).

Continued on other side



OPTION 3 – BUILD YOUR OWN PORTFOLIO

Use Option 3 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 or Option 2.)**

Select Funds

Money Market Fund _____ %
Low-Duration Bond Fund _____ %
Medium-Duration Bond Fund _____ %
Extended-Duration Bond Fund _____ %
Inflation Protected Bond Fund _____ %
Global Bond Fund _____ %
Equity Index Fund _____ %
Real Estate Securities Fund _____ %
Value Equity Fund _____ %
Growth Equity Fund _____ %
Small Cap Equity Fund _____ %
International Equity Fund _____ %

GuideStone Investment Fund

Capital Preservation Fund* _____ %
Total (must equal 100%) _____ %

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 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. EMPLOYMENT INFORMATION

Employer number: **660062** Appointment date: ____/____/____

Beginning billing Instructions:

Date participant salary begins: ____/____/____
Initial contributions to begin for pay period ending: ____/____/____
Prior participation in GuideStone plans: Yes No

Contribution amounts

Employer contributions \$ _____
Roth elective deferrals contributions (Unit head only) \$ _____
Participant tax-paid contributions (Unit head only) \$ _____
Total beginning billing amount \$ _____

4. REQUIRED SIGNATURES

Participant signature: _____ Date: ____/____/____
Employer signature: _____ Date: ____/____/____