

Beneficiary Designation Form

Retirement and/or Deferred Compensation Plans

See instructions before completing form.

1. PARTICIPANT INFORMATION

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

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

Home address: _____

City: _____ State: _____ ZIP Code: _____

Daytime telephone: (____) _____ E-mail address: _____

Spouse name: _____ Spouse Social Security number: _____

Spouse birth date: ____/____/____

2. APPLICABLE PLANS

This beneficiary designation applies to the retirement plans and/or benefits maintained by GuideStone listed below in which I am a participant: (Please check one.)

All retirement and/or deferred compensation plans and benefits

Only _____ Plan/account

Only the following benefit payment(s) I am receiving:

I designate the following persons as my beneficiaries to receive benefits payable, under separate accounts, from the plans listed above in the event of my death except for such benefits, if any, which are payable according to the terms of the applicable plan rather than under this beneficiary designation. The benefit will be paid to my primary beneficiaries living at my death and in equal shares to each unless otherwise indicated. If no primary beneficiary is living at my death, the benefit will be paid, under separate accounts, to my secondary beneficiaries living at my death and in equal shares to each unless otherwise indicated. If no primary or secondary beneficiary survives me, payment will be made according to the terms of the plans. For the plans listed above, all prior beneficiary designations, if any, are revoked.

3. PRIMARY BENEFICIARY(IES)

For each primary beneficiary, complete the information below. The percent designated must total 100%. Corrections to a beneficiary's name will void the designation.

	Relationship	Birth date	Social Security number	% designated
Name:				%
Name:				%
Name:				%
Total (must equal 100%)				%

4. SECONDARY BENEFICIARY(IES)

Applicable only if there are no primary beneficiary(ies) living at participant's death. For each secondary beneficiary, please complete the information below. The percent designated must total 100%. Corrections to a beneficiary's name will void the designation.

	Relationship	Birth date	Social Security number	% designated
Name:				%
Name:				%
Name:				%
Total (must equal 100%)				%

Continued on other side



5. SPOUSAL CONSENT

I, the spouse of the participant, consent to the beneficiary designation made in Section 3 and Section 4 of the previous page by the participant. I understand the beneficiary designation causes benefits payable from the plan(s) upon the death of the participant to be paid to the named beneficiary rather than to me or in addition to me, that such beneficiary designation is invalid without my consent, and that I may not revoke this consent.

Spouse signature : _____

Acknowledged before me this _____ day of _____ (month), _____ (year)

Notary Public: _____ State: _____ My commission expires: ____/____/____

6. PARTICIPANT SIGNATURE

Participant signature: _____ Date: ____/____/____

FOR GUIDESTONE USE ONLY

Processed by: _____ Date: ____/____/____

Section 4 — Secondary beneficiary(ies): Complete the secondary beneficiary section to designate persons to receive benefits in the event none of your primary beneficiaries are living at the time of your death. For each beneficiary, list the name, birth date, Social Security number, and percent designated (to total 100%) if not equal shares. For minors and trusts, see instructions for Section 3, above.

Section 5 — Spousal consent: You may be a participant in a plan which requires notarized spousal consent if you name someone other than your spouse as primary beneficiary or if you name someone in addition to your spouse as primary beneficiary. In this case, this section must be signed by your spouse and the spouse's signature notarized.

Section 6 — Participant signature: You must sign and date the Beneficiary Designation Form.

Instructions for Completing the Beneficiary Designation Form

Retirement and/or Deferred Compensation Plans Not for Life Insurance Benefits

Use of form

- **Plan provisions:** To designate a beneficiary(ies), or if you want to **revoke** a prior beneficiary designation, please complete this form according to the instructions. If you divorce after naming your spouse as beneficiary, you must complete a new beneficiary form, even if your divorce decree orders you to maintain your former spouse as beneficiary. If there is no valid beneficiary designation at your death, the plan will determine your beneficiary.
- **Life insurance benefits:** Do not use this form to designate the beneficiary of life insurance benefits. Please contact GuideStone to obtain the applicable life insurance beneficiary designation form.

General instructions for completing the form

- This form **must** be typed or completed in ink. If you make any changes to your written information, you must initial the changes. Corrections of a beneficiary's name in Section 3 or Section 4 will void this form. Your form will be returned if it is incomplete, is completed in pencil or contains changes which are not initialed.
- **Spousal consent:** Most retirement plans require notarized spousal consent to name someone other than or in addition to your spouse as primary beneficiary. If you participate in multiple plans and any plan requires spousal consent as described in the previous sentence, you must obtain notarized spousal consent. If you marry after making a beneficiary designation, your prior beneficiary designation may no longer be valid and your new spouse may automatically be your sole primary beneficiary.
- **Additional beneficiaries:** If you need additional space for designating beneficiaries, write "See Attached" in space for beneficiary designation and attach a separate page titled "Attachment to Beneficiary Designation Form."
- **Copy:** Please retain a copy of your completed form for your files.
- **Effective date:** A beneficiary designation is effective only when the completed form is filed with GuideStone. GuideStone shall consider a form as "filed" if a completed form with an original signature is received by GuideStone during the participant's lifetime.
- **Return completed form to:** Retirement Operations, GuideStone Financial Resources, 2401 Cedar Springs Road, Dallas, TX 75201-1498.

Instructions for completing each section of the form

Section 1 — Participant information: List the full legal name of participant and spouse (if applicable) and other information as indicated.

Important: If your marital status has changed and/or information you previously provided to GuideStone is no longer correct, please attach copies of the appropriate document(s) to verify the change (i.e., marriage certificate, death certificate, divorce decree).

Section 2 — Applicable plans: Check the box beside all retirement and/or deferred compensation plans or specify the plan or benefit affected by this beneficiary designation. **Do not check more than one box.**

- If you want this beneficiary designation to apply to **all retirement and/or deferred compensation plans** and benefits, check the first box only.
- If you want this beneficiary designation to apply only to a specific plan or account, check the second box and indicate the name of the plan/account.
- If you wish to designate beneficiaries for a specific benefit payment, check the third box and specify the applicable payments. If you change your beneficiary designation for a specific plan or benefit, your prior designation will apply to other plans or benefits not affected by the designation on this form. If you need another Beneficiary Designation Form, please contact GuideStone.

Section 3 — Primary beneficiary(ies): List for each primary beneficiary the name, birth date, Social Security number, and percent designated (to total 100%) if not equal shares. Secondary beneficiary(ies) are designated in Section 4. Generally, if no primary beneficiary named is living at your death, benefits will be paid to the secondary beneficiary(ies).

Note: In some cases, certain plan benefits are paid to persons specified by provisions of the plan rather than according to your beneficiary designation.

Minors: GuideStone cannot pay a death benefit directly to a minor. If you designate a minor as beneficiary, generally a probate court would have to appoint a guardian to receive and administer the death benefits for the minor. Do not write the name of a guardian on this form. You may prefer to provide for a minor by naming a trust established in your will (a "testamentary trust") as your beneficiary.

Trusts: Use of a trust as a beneficiary may have some unexpected consequences at your death. Unless your trust meets certain qualifications, your trust will not be considered a designated beneficiary for purposes of required minimum distributions. This means that payment options available to your trust may be limited. The person creating your trust should be able to provide you with information concerning whether your trust meets the qualifications to be considered a designated beneficiary for required minimum distributions.

Employer or non-profit organizations: A participant may designate a current or former employer as beneficiary but must designate a specific fund of the employer, such as an endowment or building fund. A participant may designate a non-profit organization as beneficiary. You must provide the full legal name, address and employer identification number of the employer or non-profit organization.

Estate: A participant may designate the participant's estate as beneficiary. The wording for designating a participant's estate is "my estate" or "the estate of (participant's name)."