

# 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 – 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 |  |

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**OPTION 2 – ASSET ALLOCATION FUNDS**

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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).

**OPTION 3 – BUILD YOUR OWN PORTFOLIO**

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- 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 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](http://www.GuideStone.org) or call 1-888-98-GUIDE (1-888-984-8433).

**3. EMPLOYER USE**

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Employer number: 660062

**Beginning billing Instructions:**

Date participant salary begins: \_\_\_\_/\_\_\_\_/\_\_\_\_

Initial contributions to begin for pay period ending: \_\_\_\_/\_\_\_\_/\_\_\_\_

**4. REQUIRED SIGNATURES**

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Participant signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_