

457(b) Deferred Compensation Plan Eligible Employee Deferral Agreement

Instructions

- A. The meaning of all capitalized terms used in this Eligible Deferral Agreement shall have the same meaning as defined in the plan.
B. Contributions to the Plan are subject to contribution limits under the Internal Revenue Code. Contact the Compliance Department at GuideStone Financial Resources for information on contribution limits.

1. PARTICIPANT INFORMATION

Participant name: _____ Social Security number: _____

Gender: Male Female Birth date: ____/____/____ Marital status: Married Single Hire date: ____/____/____

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

Home address: _____

City: _____ State: _____ ZIP Code: _____

Spouse name: _____

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

Employee tax status: FICA SECA (Note: Federal law requires ordained ministers to pay SECA taxes. If not completed, default will be FICA.)

2. PARTICIPANTS ELECTIVE DEFERRALS

Complete this section only if making Elective Deferrals to the plan.

In accordance with the Plan, I enter into this *Eligible Employee Deferral Agreement* ("Agreement") effective ____/____/____ (mm/dd/yyyy). Subject to the Employer's rights to terminate either the Plan or my future Plan participation, this Agreement remains in effect for the Taxable Year and continues:

For subsequent Taxable Years until I revoke or modify it, or

Until ____/____/____ (mm/dd/yyyy)

I elect to defer:

\$ _____ per pay period

_____ % of my Compensation per pay period

3. INVESTMENT ELECTION

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.)

MyDestination 2005 Fund

MyDestination 2035 Fund

MyDestination 2015 Fund

MyDestination 2045 Fund

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.)

Please indicate your choice of investment options provided under your employer’s plan. If you wish to allocate your contribution among more than five (5) investment funds, please write them in the space below or attach a separate page. (Please include your name, Social Security number and employer if using a separate page.) **Please use whole percentages. Total percentages must equal 100%.**

Investment fund: _____ Percentage: _____ %

Investment fund: _____ Percentage: _____ %

Investment fund: _____ Percentage: _____ %

Investment fund: _____ Percentage: _____ %

Investment fund: _____ Percentage: _____ %

Total must equal 100%

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

4. PARTICIPANT SIGNATURE (YOU MUST SIGN AND DATE THE APPLICATION OR THE FORM WILL BE RETURNED TO YOU.)

- I understand that the elections and designations indicated above are to be administered in accordance with the terms of 457(b) Plan.
- I understand that my election to defer Compensation in Section 2 (if any) shall effective (a) beginning on the first day of the month following my execution of this Agreement or (b) if I am a new Employee, beginning on the first day I become eligible to participate in the Plan.
- I understand that the Employer Contribution amounts may be changed from time to time at the discretion of the Employer.
- I understand that all deferrals (my Elective Deferrals and Employers Contributions) are subject to income tax and income tax withholding when payments are actually or constructively received by me. Such amounts are subject to FICA, FUTA and Medicare at the time services are performed. The Employer will deduct from my remaining compensation the above taxes on Contributions to the Plan.
- I understand that all amounts credited to my account under the Plan are subject to creditors of the Employer in the event of its bankruptcy or insolvency.

Participant: _____ Date: ____/____/____

5. EMPLOYER SIGNATURE

Employer name: _____ Employer number: _____

Authorized officer: _____ Date: ____/____/____

6. BILLING INFORMATION (COMPLETED BY THE EMPLOYER)

Billing information

A. Contribution period: *Bi-weekly *Semi-monthly Monthly One-time Other _____

*Available for EAP billing only.

B. Amounts per billing period:

Employer contributions: \$ _____

Participant contributions: \$ _____

Total beginning billing amount \$ _____