

457(b) Deferred Compensation Plan

Eligible Employee Deferral/Contribution Agreement

Instructions

- A. The meaning of all capitalized terms used in this *Eligible Employee Deferral/Contribution 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: ____/____/____

Daytime telephone: (____) _____ Email: _____

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. PARTICIPANT 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/Contribution 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 until I revoke or modify it. The maximum annual limit is \$18,000 in 2016/2017 and indexed thereafter**.

I elect to defer:

\$ _____ per pay period.

_____ % of my Compensation per pay period.

3. INVESTMENT ELECTION

Please elect one of the options below. For fund information, visit GuideStoneRetirement.org/InvestmentChoices.

You have the right to make plan investment elections for Contributions made on your behalf to the Plan. GuideStone has designated a Target Date Fund to which Contributions are made if you do not select an option below. All Contributions will be placed in this fund until you change your election, and you have sole responsibility for this default election.

OPTION 1 – ONE-CHOICE APPROACH/GUIDESTONE TARGET DATE 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 2015 Fund

MyDestination 2045 Fund

MyDestination 2025 Fund

MyDestination 2055 Fund

MyDestination 2035 Fund

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 Allocation Fund

Growth Allocation Fund

Balanced Allocation Fund

Aggressive Allocation Fund

Continued on other side



OPTION 3 – BUILD-YOUR-OWN APPROACH/GUIDESTONE SELECT FUNDS

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.)

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 the 457(b) Plan.
- I understand that my election to defer Compensation in Section 2 (if any) shall only be 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 Contributions** are subject to FICA (including Medicare) at the time I perform services for the Employer. The Employer will deduct from my remaining Compensation the above taxes on all Contributions to the Plan. Contributions and earnings are subject to income tax and income tax withholding when I actually or constructively receive the payment.
- 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.
- I understand that I should consult my legal or tax advisors regarding how FICA or SECA might apply to a particular 457(b) Plan.
- I acknowledge and agree that the elections indicated above are subject to the terms of the Plan.

Participant signature: _____ **Date:** ____/____/____

5. TO BE COMPLETED BY EMPLOYER

I acknowledge and agree that the elections indicated above are subject to the terms of the Plan.

Employer name: _____ Employer number: _____

Authorized officer: _____ **Date:** ____/____/____

Note: All Contributions to the 457(b) Plan are subject to FICA (including Medicare) at the time services are performed for the Employer.

Contribution information:

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

*Available for Employer Access only.

B. Amounts per Contribution period**:

Employer Contributions: \$ _____

Participant Contributions: \$ _____

Total beginning Contributions: \$ _____

**The annual total of Employee Elective Deferrals and Employer Contributions are combined for Contribution limit purposes.