

Rules and Procedures For Eligibility and Contribution

With this document, the _____ (“Employer”), sets forth its rules and procedures under the provisions of the 403(b)(9) Retirement Plan (“Plan”) for _____ (name of Employer). The Plan incorporates these rules and procedures under the Basic Plan Document.

Words that are capitalized in this document are defined terms, which have the same meaning as used in the Basic Plan Document.

The initial effective date of these rules and procedures is _____, 20____. These rules and procedures remain in effect until they are changed* by the Employer.

Only Employees who receive W-2 income are eligible to participate in the Plan.

*According to the IRS, the Plan must be kept accurate with what the Employer is actually doing. In the event of a change, the rules and procedures must be updated **prior** to the change.

SECTION 1 – COMPENSATION

Check all items to be considered as Compensation for purposes of determining Contributions to the Plan:

- Regular pay as reported on Form W-2
- Overtime pay as reported on Form W-2
- Bonus pay as reported on Form W-2
- Minister’s housing allowance

SECTION 2 - EMPLOYEE CONTRIBUTIONS (FROM THEIR OWN PAY)

Check the Employees who will be eligible to make Tax Sheltered Contributions and/or Tax Paid Contributions, including Roth Elective Deferrals if allowed:

- All Employees will be eligible.

Or

- Only Employees who meet the following Service requirements below will be eligible:
 - Expected and/or regularly work _____ hours or more per _____ (week, month, year)
 - Other: _____

Or

- Other: _____

Check when an eligible Employee can begin participation in the Plan:

- The first day the Employee meets the Plan’s above eligibility requirements
- Other: _____

Tax Sheltered Contributions

While employed with the Employer, an eligible Employee may make Tax Sheltered Contributions to the Plan.

In addition to Tax Sheltered Contributions, eligible Employees may make the following types of Contributions:

- Roth Elective Deferrals
- Tax Paid Contributions

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SECTION 3 - EMPLOYER CONTRIBUTIONS

Check the Employees who will be eligible to receive Employer Contributions to the Plan:

All Employees will be eligible

Or

Only Employees who meet the Service requirements checked below will be eligible:

Select all that apply:

Must be age _____ or older

Must complete _____ months or more of Service

Past Denominational Service of new hires will will not be counted

Past service of former Employees who are rehired will will not be counted

Expected and/or regularly work _____ hours or more per _____ (week, month, year)

Other: _____

Check the types of Employer Contributions that will be provided to eligible Employees (as defined above):

Matching Contributions (select one of the following options):

A Matching Contribution equal to the Participant's contribution, but not to exceed a maximum of _____% of Compensation. (i.e. 10%)

A Matching Contribution equal to _____% (i.e. 100%) of the Participant's contribution, but not to exceed a maximum of _____% of Compensation. (i.e. 10%)

A Matching Contribution based on Years of Service

Matching contribution of _____% of a Participant's Compensation but not to exceed a maximum of _____% of Compensation. (i.e. 10%)	For each _____ Years of Service
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Other: _____

Non-matching Contributions (select one of the following options):

Fixed percentage equal to _____% of the Participant's Compensation

A percentage of the Participant's Compensation based on the following Years of Service schedule:

COMPLETED YEARS OF SERVICE	PERCENTAGE OF COMPENSATION
Less than _____ Year(s)	_____ %
_____ Year(s)	_____ %
_____ Year(s)	_____ %
_____ Year(s)	_____ %
_____ Year(s) or more	_____ %

Other: _____

No additional requirements exist to receive Employer Contributions.

RULES AND PROCEDURES EXECUTION

By signing below, the Employer by its duly authorized officer or other representative hereby agrees to the rules and procedures of the Employer as indicated above. The Employer, by its duly authorized officer or representative has executed this document, on this _____ day of _____, 20_____.

Name of Employer: _____

Authorized officer or representative signature: _____

Printed name: _____

Title: _____

This document should be completed and retained by the Employer. Please do not send this document to GuideStone.

