

GuideStone Express Enrollment Form

Southern Baptist Churches 403(b)(9) Retirement Plan

No other forms need to be filled out if you complete and submit this form.

STEP 1 – EMPLOYEE INFORMATION

Participant name: _____ Social Security number: _____
Birth date: ____/____/____ Gender: Male Female Marital status: Married Single
Daytime telephone: (____) _____ Email address: _____
Home address: _____
City: _____ State: _____ ZIP code: _____
Position: _____ Total years of Southern Baptist service: _____
Is position 20 hours per week or more? Yes No Please contact me about consolidating my other retirement plans.
Spouse name (if married): _____ Spouse Social Security number: _____
Spouse birth date: ____/____/____

STEP 2 – EMPLOYEE ELECTION

I elect, understand and authorize my employer to deduct from my paychecks the following amount, remitted into my account in the retirement plan beginning ____/____/____:

Select one or a combination of contribution types below.

- Tax-sheltered: 12% 9% 6% or Other: _____% or \$_____ per pay period/per month (circle one)
 Roth deferrals*: 12% 9% 6% or Other: _____% or \$_____ per pay period/per month (circle one)
 Tax-paid*: 12% 9% 6% or Other: _____% or \$_____ per pay period/per month (circle one)

*Please see your employer for availability of Roth and tax-paid contributions.

Contributions will be invested in the GuideStone Funds MyDestination Fund® that most closely corresponds to the year in which I will turn age 65. My election is irrevocable once my employer withholds the deferrals from my paycheck. Any future change of election regarding tax-deferred or Roth elective deferrals is effective only for deferrals from paychecks I receive after the plan administrator accepts my change of election.

Employee signature: _____ Date: ____/____/____

Information on GuideStone Funds® is available at GuideStoneFunds.com. A summary of plan provisions is available upon request. Contribution types, amounts, investment elections and beneficiary designations may be changed at any time to fit my individual needs. I have sole responsibility for my investment elections and am encouraged to review my available options and make changes at any time to fit my individual situation.

STEP 3 – TO BE COMPLETED BY EMPLOYER (PLEASE GIVE THIS FORM TO YOUR EMPLOYER AND RETAIN A COPY FOR YOUR RECORDS.)

Employer Tax ID Number: _____ Association: _____
Employer name: _____
Employer address: _____
City: _____ State: _____ ZIP code: _____
Contact name: _____
Contact email: _____ Employer phone: (____) _____
Employee's date of hire: ____/____/____ Monthly employer contribution: \$_____

Employer returns copy of completed form to:

Retirement Operations
GuideStone
5005 LBJ Freeway, Ste. 2200
Dallas, TX 75244-6152

Or online at EAP.GuideStone.org

