

Use of form

- Use this form to move your funds to GuideStone® from another *Internal Revenue Code* Section 403(b)(1) annuity contract, Section 403(b)(7) custodial account or Section 403(b)(9) retirement account with another vendor within the same employer's sponsored 403(b) retirement plan or from another employer's 403(b) plan. **Do not use this form to process a rollover.**
- Use this form to only move funds between Code Section 403(b) plans. Do not use this form to move retirement plan funds from a profit sharing plan, a Code Section 401(k) plan or other qualified retirement plans to a plan with GuideStone. In addition, you cannot use this form to move contributions from an IRA to a plan with GuideStone.
- Your plan with GuideStone cannot accept transfers from plans subject to qualified joint and survivor annuity (QJSA) and/or qualified pre-retirement survivor annuity (QPSA) rules. Please contact the employer through which your funds were contributed to determine if QJSA/QPSA rules apply. Any funds GuideStone receives from you in a transfer will be assumed to be funds to which QJSA/QPSA rules do not apply.

Use a separate form for each transfer.

For assistance, please call **1-888-98-GUIDE** (1-888-984-8433).

Return the completed form to:

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

Mail check overnight or First-Class Mail® along with

Accounting Detail Information from Section 6 of this form to:

Finance and Accounting
GuideStone Financial Resources
FBO (participant name)
5005 LBJ Freeway, Ste. 2200
Dallas, TX 75244-6152

1. PARTICIPANT INFORMATION (THIS FORM MUST BE TYPED OR COMPLETED IN INK. INITIAL ANY CHANGES.)

Participant name: _____ Social Security number: _____

Home address: _____

City: _____ State: _____ ZIP Code: _____

Birth date: ____/____/____ Marital status: Married Single

Daytime telephone: (____) _____ Email: _____

Place exchange or transfer in the following plan with GuideStone: _____

2. AMOUNTS EXCHANGED OR TRANSFERRED

A. Account to be exchanged or transferred to GuideStone (indicate the name, address and telephone number of the distributing plan):

Current custodian: _____ Telephone number: (____) _____

Address: _____

City: _____ State: _____ ZIP Code: _____

B. Please liquidate and exchange or transfer the following investments to GuideStone:

Account number: _____ Fund name: _____ Entire account Partial _____ \$ or %

Account number: _____ Fund name: _____ Entire account Partial _____ \$ or %

Account number: _____ Fund name: _____ Entire account Partial _____ \$ or %

Account number: _____ Fund name: _____ Entire account Partial _____ \$ or %

3. SOURCE OF EXCHANGE OR TRANSFER

From employer: _____

Total amount to be transferred: \$ _____

Code Section 403(b)(1) annuity investment exchange/contract

Code Section 403(b)(9) retirement income account

Code Section 403(b)(7) custodial account

Continued on other side



4. INVESTMENT ALLOCATION

Please indicate how you wish to allocate your transfer into the available investment funds. The accumulations will remain in the fund(s) until you change your election by visiting your MyGuideStone™ account or contacting GuideStone directly.

OPTION 1 – DEFAULT ALLOCATION (NOT APPLICABLE IF YOU COMPLETED OPTION 2.)

If you do not complete Option 2 below:

- If you are currently contributing, your transfer will be invested into the same funds as your future contributions.
- If you are not currently contributing, your transfer will be invested according to your most recent contribution allocation. However, if you do not have a contribution allocation on file, it will be placed in your plan’s default investment.

OPTION 2 – FUND SELECTION (ONLY APPLICABLE IF YOU COMPLETED THE INFORMATION BELOW IN OPTION 2.)

To choose specific investment funds under your employer’s plan into which your transfer will be deposited, please indicate your choice of investment fund(s) below. At a later date, you may request a fund exchange through your MyGuideStone account. For more information on the funds available to you, visit *GuideStone.org/BMHFundsB*.

Investment fund: _____	Percentage: _____ %
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 six fund choices.

**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 GuideStone.org or call 1-888-98-GUIDE (1-888-984-8433).*

5. PARTICIPANT CERTIFICATION AND AUTHORIZATION TO TRANSFER FUNDS (MUST BE SIGNED AND DATED)

I understand it is my responsibility to request the transfer from the custodian and to arrange to have the funds paid to GuideStone. The custodian is directed to exchange or transfer the amounts listed to GuideStone. This transfer is intended to qualify as a tax-free, direct transfer between Code Section 403(b) annuity contracts or accounts. The custodian is directed to make the exchanged or transferred amount payable to GuideStone for my benefit and to forward the proceeds along with Accounting Detail Information from Section 6 of this form to: Finance and Accounting, GuideStone Financial Resources, 5005 LBJ Freeway, Ste. 2200, Dallas, TX 75244-6152.

I certify that none of the funds being transferred is subject to qualified joint and survivor annuity (QJSA) and/or qualified pre-retirement survivor annuity (QPSA) rules.

GuideStone is released from any responsibility or liability regarding the accuracy of such representations or any tax consequences resulting from the exchange or transfer of these funds.

Participant signature: _____ Date: ____/____/____

Medallion signature guarantee: Not required by GuideStone but might be by the distributing plan. Please call the custodian of the distributing plan to see if a signature guarantee or other documentation is required.

Medallion signature guarantee – medallion stamp*: _____

*The medallion signature guarantee may be executed by banks, broker-dealers, credit unions, national securities exchanges and savings associations which participate in STAMP, SEMP or NYSE-MSP. A notary public is not a substitute for a signature guarantee. The medallion signature guarantee stamp must include the words “SIGNATURE GUARANTEED, MEDALLION GUARANTEED” and otherwise comply with the medallion program requirements. Please check your fund prospectus or with your fund advisor as to whether a signature guarantee is required.

6. ACCOUNTING DETAIL INFORMATION (TO BE COMPLETED BY TRANSFERRING 403(b) ISSUER)

The portion of the money that applies to each of the following types of contributions is indicated below to the extent the information is available: (Failure to complete the information requested may subject the amounts to more restrictive rules than those imposed prior to the move.)

Type of Contribution	Original Contribution Amounts	Amount Surrendered
Employer (non-elective) contributions:	\$ _____	\$ _____
Pretax salary-reduced deferrals:	\$ _____	\$ _____
After-tax deferrals:	\$ _____	\$ _____
Roth elective deferrals:	\$ _____	\$ _____
Date of first Roth deferral: ____/____/____		
Total surrendered:		\$ _____

We do not track this information. Please place this transfer in the most restrictive source.

7. CERTIFICATION BY TRANSFERRING 403(b) ISSUER (COMPLETE IF SECTION 6 IS COMPLETED BY TRANSFERRING 403(b) ISSUER.)

I certify that the information provided above accurately reflects our records and that the transfer is solely attributable to amounts from a Code Section 403(b)(1) annuity contract, 403(b)(7) custodial account and/or a 403(b)(9) retirement income account.

Signature of transferring 403(b) issuer representative: _____ Date: ____/____/____

8. EMPLOYER CERTIFICATION

Employment status at the employer from which the funds are being moved: Active Terminated

Date of termination: ____/____/____

Has the participant received a financial hardship distribution within the last six months from the current employer's plan(s)? Yes No

If yes, please give the date of distribution: ____/____/____

As required by law, the employer verifies all participant information in regard to the requested movement of funds. GuideStone may rely upon the representations made by the employer or the transferor. Except to the extent otherwise indicated, the employer authorizes GuideStone to treat the movement of funds as though the amounts are attributable to a transfer of Code Section 403(b) contributions and/or earnings, which are subject to distribution restrictions with respect to the participant that are not less stringent than those imposed on the transfer being exchanged.

GuideStone is released from any responsibility or liability regarding the accuracy of such representations or any tax consequences resulting from the exchange or transfer of these funds.

Current employer signature: _____ Date: ____/____/____

TO BE COMPLETED BY GUIDESTONE

GuideStone Financial Resources® agrees to accept a transfer for your benefit from a Code Section 403(b) plan as authorized under Code Section 403(b) regulation 1.403(b)-10(b). The transfer amount will be credited to your Code Section 403(b) account at GuideStone. GuideStone agrees to separately account for any after-tax and/or Roth elective deferrals included in the transfer.

Signature of GuideStone authorized representative: _____ Date: ____/____/____

As required by law and as the receiving plan, GuideStone provides that, to the extent any amount transferred is subject to any distribution restrictions under applicable regulations, restrictions will be imposed on distributions to the participant or beneficiary whose assets are being transferred that are not less stringent than those imposed on the transfer or plan.