Application for Exchange or Plan-to-Plan Transfer to GuideStone 403(b) to 403(b)

Instructions for Application

- 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 from another vendor within the same employer's sponsored 403(b) retirement plan with 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 Survivor Annuity (QJSA) and/or Qualified Pre-retirement Survivor (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 does 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
2401 Cedar Springs Road
Dallas, TX 75201-1498

Mail check overnight or first class mail along with Accounting Detail from Section 6 of this form to:
Finance and Accounting
GuideStone Financial Resources
FBO (participant name)
2401 Cedar Springs Road
Dallas, TX 75201-1498

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

Reset Form

Participant name: _____ Social Security number (last four digits): _____

Home address: _____

City: _____ State: _____ ZIP Code: _____

Birth date: _____/ _____/ _____ Marital status: ☐ Married ☐ Single

Daytime telephone: (_____) _____ Email address: _____

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: _____% or $ _____

☐ Code Section 403(b)(1) annuity Investment Exchange/Contract

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

☐ Code Section 403(b)(7) custodial account

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4. INVESTMENT ALLOCATION

Please indicate how you wish to allocate your money among the investment funds available. You may select from Option 1 or Option 2. The accumulations will remain in this fund until you change your election.

Option 1

☐ Invest my transfer as future contributions are allocated on file. I understand if I am not actively contributing, my transfer will be placed according to the most recent contribution allocation on file.

Option 2

☐ Please indicate your choice of investment options provided under your employer's plan. If you wish to allocate your money among more than four (4) 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 option: _____ Percentage: _____ %

Investment option: _____ Percentage: _____ %

Investment option: _____ Percentage: _____ %

Investment option: _____ Percentage: _____ %

Total (must equal 100%): _____0_____%

For more information on the funds available to you, please contact your employer or GuideStone at 1-888-98-GUIDE (1-888-984-8433).

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

I understand it is my responsibility to request the moving of money from the current custodian and to arrange to have the funds paid to GuideStone. The custodian is directed to move the amounts listed to GuideStone. This money is intended to qualify as a tax-free direct transfer between Code Section 403(b) annuity contracts or accounts and will be placed in the 403(b) plan of my current/most recent employer. The custodian is directed to make the transferred amount payable to GuideStone for my benefit and to forward the proceeds along with Accounting Detail from Section 6 of this form to: Finance and Accounting, GuideStone Financial Resources, 2401 Cedar Springs Road, Dallas TX 75201-1498.

I certify that none of the funds being transferred are subject to Qualified Joint Survivor Annuity (QJSA) and/or Qualified Pre-retirement Survivor (QPSA) rules.

The signature below authorizes the current custodian of these funds to release any and all information regarding my account to GuideStone Financial Resources in any form GuideStone Financial Resources may request.

GuideStone is released from any responsibility or liability regarding the accuracy of such representations or any tax consequences resulting from the investment exchange/contract exchange or plan to plan 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 or 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 as to whether a signature guarantee is required.

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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*:	$_____	$_____
Pre-Tax Salary Reduced Deferrals:	$_____	$_____
After-Tax Deferrals:	$_____	$_____
Roth Elective Deferrals:	$_____	$_____
Date of first Roth Deferral: _____/ _____/ _____		
Total Surrendered:		$ 0.00

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

* GuideStone will assume the plan's normal vesting schedule applies to any employer dollars transferred unless you indicate here the employer dollar amount transferred that is 100% vested. $_____

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 403(b)(1) annuity contract, 403(b)(7) custodial account and/or a 403(b)(9) retirement income account.

Signature: _____ Date:_____/ _____/ _____

TO BE COMPLETED BY EMPLOYER

8. EMPLOYER CERTIFICATION

Employment status at the employer from which the funds are being moved: ☐ Active ☐ Terminated ☐ Re-hire*

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:_____/ _____/ _____

* If the participant is a rehire, how much of the transferred employer surrendered amount is 100% vested? $_____

As required by law, the employer verifies all participant information in regards 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 movement of funds for your benefit from a Code section 403(b) plan as authorized under Code Section 403(b). The 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 movement.

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

As required by law and as the receiving plan, GuideStone provides that, to the extent any amount moved 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 transferor plan.