

# Retirement Contribution Agreement

## 403(b)(9) Retirement Plan

Return to your employer when completed.

### PARTICIPANT INFORMATION

Participant name: \_\_\_\_\_ Social Security number (last four digits): \_\_\_\_\_  
Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital status:  Married  Single Daytime telephone: (\_\_\_\_) \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Email: \_\_\_\_\_

### PARTICIPANT ELECTION

This agreement is made between the participant and the employer. Any change to this agreement must be filed in accordance with procedures established by the employer.

I, the undersigned participant, hereby elect to:

#### Tax-sheltered contributions

- Defer from my salary on a tax-sheltered basis \_\_\_\_\_ (whole percentage or dollar amount) of compensation (not to exceed applicable legal limitations).  
 Cease my tax-sheltered deferral contributions.

#### Roth elective deferrals (May not be available for all plans. Please contact your employer to verify eligibility.)

- Defer from my salary as a Roth elective deferral \_\_\_\_\_ (whole percentage or dollar amount) of compensation (not to exceed applicable legal limitations).  
 Cease my Roth elective deferral contributions.

#### Tax-paid contributions

- Deduct from my salary on an after-tax basis \_\_\_\_\_ (whole percentage or dollar amount) of compensation (not to exceed applicable legal limitations). I understand that the amount of such deduction, pursuant to this election, will be withheld from my paychecks and paid by my employer into my account in the plan.  
 Cease my after-tax contributions.

#### EFFECTIVE DATE

- Make the effective date of this agreement the first day of the next pay period.  
 Make the effective date of this agreement as of: \_\_\_\_/\_\_\_\_/\_\_\_\_. (Date must be prospective.)

### PARTICIPANT SIGNATURE

I understand the amount of such reduction, pursuant to this election, will be withheld from my paychecks and paid by my employer into my account in the plan. I understand (1) my election regarding tax-sheltered or Roth elective deferrals is irrevocable once the employer withholds the deferrals from my paycheck; and (2) any change of election regarding tax-sheltered or Roth elective deferrals is effective only for deferrals from paychecks I receive after the plan administrator accepts my change of election. I further understand that written notice must be given before the effective date of any modification. This election will remain in effect until I revoke it in writing or until I complete a new *Retirement Contribution Agreement*.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### EMPLOYER SIGNATURE

Employer signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer name: \_\_\_\_\_ Plan name: \_\_\_\_\_

### DO NOT SEND TO GUIDESTONE

You and an appropriate business officer of your employer should sign the *Retirement Contribution Agreement*. Keep a copy of the agreement with your tax records. Your employer should keep the original agreement. **DO NOT** send the agreement to GuideStone Financial Resources or the Internal Revenue Service.

  
**GuideStone**<sup>®</sup>  
Financial Resources

