

Beneficiary Designation Form

Retirement and/or Deferred Compensation Plans

Before completing this form, please read the instructions located on the back page. If you would prefer to designate or update your beneficiary online, visit My.GuideStone.org/Beneficiary.

In order to prevent a delay in processing this form, you must include the last page with your signature and date in the Participant Signature section when returning this form.

1. PARTICIPANT INFORMATION

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

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

Home address: _____

City: _____ State: _____ ZIP code: _____

Daytime telephone: (____) _____ Email address: _____

Spouse name: _____ Spouse Social Security number: _____

Spouse birth date: ____/____/____

2. APPLICABLE PLANS

This beneficiary designation applies to all of my retirement and/or deferred compensation plans and/or retirement income maintained by GuideStone® unless I elect a specific plan or retirement income below:

Only _____ plan/account

Only the following payment(s): _____

IMPORTANT INFORMATION REGARDING BENEFICIARIES

POWER OF ATTORNEY: A power of attorney must grant authority for the attorney-in-fact to name beneficiaries. An attorney-in-fact can name himself as beneficiary of an account only to the same extent (i.e., percentage) as named in the prior designation filed with GuideStone.

MINORS: GuideStone cannot pay a death benefit directly to a minor. If you designate a minor as beneficiary, generally, a probate court will have to appoint a guardian to receive and administer the death benefits for the minor. Do not write the name of a guardian on this form. You may prefer to provide for a minor by naming a trust established in your will (a "testamentary trust") as your beneficiary.

TRUSTS: Use of a trust as a beneficiary may have some unexpected consequences at your death. Unless your trust meets certain qualifications, your trust will not be considered a designated beneficiary for purposes of Required Minimum Distributions. This means that payment options available to your trust may be limited. The person creating your trust should be able to provide you with information concerning whether your trust meets the qualifications to be considered a designated beneficiary for Required Minimum Distributions. You must provide the full legal name of the trust.

ESTATE: A participant may designate the participant's estate as beneficiary. The wording for designating a participant's estate is "My Estate" or "The Estate of (participant's name)."

EMPLOYER OR NONPROFIT ORGANIZATIONS: A participant may designate a current or former employer as beneficiary but must designate a specific fund of the employer, such as an endowment or building fund. A participant may designate a nonprofit organization as beneficiary. You must provide the full legal name, address and Employer Identification Number of the employer or nonprofit organization.

DIVORCE: If you name your spouse as beneficiary and subsequently divorce, the divorce nullifies this designation. In some instances, the divorce decree will specify that you must maintain your former spouse as a beneficiary, so you would need to rename your former spouse as beneficiary. Regardless, we strongly encourage you to file a new beneficiary designation immediately following a divorce settlement.

- If you are completing this form due to a divorce, please include a complete copy of the divorce decree with the judge's signature and a complete copy of the marital property settlement agreement.

GENERAL RULE: If you name one or more primary beneficiaries and one of them predeceases you, GuideStone will divide the benefits among the surviving primary beneficiaries.

PER STIRPES: Write "per stirpes" next to the beneficiary(ies)' name to indicate that a beneficiary's portion should pass to his or her children if the named beneficiary should predecease you.

Continued on other side



I designate the following persons as my beneficiaries to receive benefits payable, under separate accounts, from the plans listed above in the event of my death, except for such benefits, if any, which are payable according to the terms of the applicable plan rather than under this beneficiary designation. The benefit will be paid to my primary beneficiaries living at my death and in equal shares to each unless otherwise indicated. If no primary beneficiary is living at my death, the benefit will be paid, under separate accounts, to my secondary beneficiaries living at my death and in equal shares to each unless otherwise indicated. If no primary or secondary beneficiaries survive me, payment will be made according to the terms of the plans. For the plans listed above, all prior beneficiary designations, if any, are revoked.

3. PRIMARY BENEFICIARY(IES)

For each primary beneficiary, complete the information below. The percent designated must total 100%. Alterations, whiteouts or strikeouts are not permitted to a beneficiary's name and will void the designation.

Beneficiary	Relationship	Birth date	Social Security number	% Designated
Name:				
Address:		Daytime telephone: (____) _____		
Name:				
Address:		Daytime telephone: (____) _____		
Name:				
Address:		Daytime telephone: (____) _____		
Name:				
Address:		Daytime telephone: (____) _____		
Name:				
Address:		Daytime telephone: (____) _____		
*Mission:Dignity® (OPTIONAL)				
Name: GuideStone, For the Benefit Of Mission:Dignity		Nonprofit	N/A	75-0939949
Address: 5005 LBJ Freeway, Ste. 2200, Dallas, TX 75244-6152		Daytime telephone: (877) 888-9409		

Total (must equal 100%): _____

*Mission:Dignity serves Southern Baptist retired ministers, workers and their widows who need extra help in their later years by providing extra money needed for housing, food and vital medications.

By designating Mission:Dignity as a beneficiary and completing the percentage of benefit proceeds where indicated, the designated percentage of benefits will be used as a donation to the ministry upon my death.

4. SECONDARY BENEFICIARY(IES)

Applicable only if there are no primary beneficiaries living at participant's death. For each secondary beneficiary, please complete the information below. The percent designated must total 100%. Alterations, whiteouts or strikeouts are not permitted to a beneficiary's name and will void the designation.

Beneficiary	Relationship	Birth date	Social Security number	% Designated
Name: _____	_____	_____	_____	_____
Address: _____	_____	_____	Daytime telephone: (____) _____	_____
Name: _____	_____	_____	_____	_____
Address: _____	_____	_____	Daytime telephone: (____) _____	_____
Name: _____	_____	_____	_____	_____
Address: _____	_____	_____	Daytime telephone: (____) _____	_____
Name: _____	_____	_____	_____	_____
Address: _____	_____	_____	Daytime telephone: (____) _____	_____
Name: _____	_____	_____	_____	_____
Address: _____	_____	_____	Daytime telephone: (____) _____	_____

Total (must equal 100%): _____

5. SPOUSAL CONSENT (REQUIRED IF YOU NAME SOMEONE OTHER THAN OR IN ADDITION TO YOUR SPOUSE AS PRIMARY BENEFICIARY)

I, the spouse of the participant, consent to the beneficiary designation made in Section 3 by the participant. I understand the beneficiary designation causes benefits payable from the plan(s) upon the death of the participant to be paid to the named beneficiary rather than to me or in addition to me, that such beneficiary designation is invalid without my consent and that I may not revoke this consent.

Spouse signature: _____ **Notary Seal:** _____

Subscribed and sworn to before me this _____ day of _____ (month), _____ (year).

Notary Public signature: _____ State: _____ My commission expires: ____/____/____

6. PARTICIPANT SIGNATURE (REQUIRED. PLEASE SIGN AND DATE THIS SECTION OR YOUR FORM CANNOT BE PROCESSED.)

Participant signature: _____ Date: ____/____/____

Instructions for Completing the Beneficiary Designation Form

Retirement and/or Deferred Compensation Plans Not for Life Insurance Benefits

Use of Form

- **Plan provisions:** To designate a beneficiary(ies), or if you want to **revoke** a prior beneficiary designation, please complete this form according to the instructions. If there is no valid beneficiary designation at your death, the plan will determine your beneficiary.
- **Life insurance benefits:** Do not use this form to designate the beneficiary of life insurance benefits. Please contact GuideStone to obtain the applicable life insurance *Beneficiary Designation Form*.

General Instructions for Completing the Form

- This form **must** be typed or completed in ink. If you make any changes to your written information, you must initial the changes. Corrections of a beneficiary's name in Section 3 or Section 4 will void this form. Your form will be returned if it is incomplete, is completed in pencil or contains changes which are not initialed.
- **Spousal consent:** Most retirement plans require notarized spousal consent to name someone other than or in addition to your spouse as primary beneficiary. If you participate in multiple plans and any plan requires spousal consent as described in the previous sentence, you must obtain notarized spousal consent. If you marry after making a beneficiary designation, your prior beneficiary designation may no longer be valid and your new spouse may automatically be your sole primary beneficiary.
- **Additional beneficiaries:** If you need additional space for designating beneficiaries, write "See Attached" in the space for the beneficiary designation and attach a separate page titled "Attachment to *Beneficiary Designation Form*."
- **Copy:** Please retain a copy of your completed form for your files.
- **Effective date:** A beneficiary designation is effective only when the completed form is filed with GuideStone. GuideStone shall consider a form as filed if a completed form is received by GuideStone during the participant's lifetime.
- For assistance in completing this form, call GuideStone at **1-888-98-GUIDE** (1-888-984-8433).
- **Return completed form to:** Retirement Operations, GuideStone, 5005 LBJ Freeway, Ste. 2200, Dallas, TX 75244-6152.

Instructions for Completing Each Section of the Form

Section 1 — Participant Information: List the full legal name of participant and spouse (if married) and other information as indicated.

Important: If your marital status has changed and/or information you previously provided to GuideStone is no longer correct, please attach copies of the appropriate document(s) to verify the change (i.e., marriage certificate, death certificate or complete divorce decree including the marital property settlement agreement).

Section 2 — Applicable Plans: The beneficiary designation will apply to all retirement and/or deferred compensation plans and/or retirement income unless a specific plan or retirement income is elected on this form. If you change your beneficiary designation for a specific plan or benefit, your prior designation will apply to other plans or benefits not affected by the designation on this form. If you need another *Beneficiary Designation Form*, please contact GuideStone.

- If you want this beneficiary designation to apply only to a specific plan or account, check the first box and indicate the name of the plan/account.
- If you wish to designate beneficiaries for a specific benefit payment, check the second box and specify the applicable payment(s).

Section 3 — Primary Beneficiary(ies): List for each primary beneficiary the name, relationship, birth date, Social Security number, percent designated (to total 100%) if not equal shares, address and daytime telephone number. Secondary beneficiary(ies) are designated in Section 4. Generally, if no primary beneficiary named is living at your death, benefits will be paid to the secondary beneficiary(ies).

Note: In some cases, certain plan benefits are paid to persons specified by provisions of the plan rather than according to your beneficiary designation.

Section 4 — Secondary Beneficiary(ies): Complete the Secondary Beneficiary(ies) section to designate persons to receive benefits in the event none of your primary beneficiaries is living at the time of your death. For each beneficiary, list the name, relationship, birth date, Social Security number, percent designated (to total 100%) if not equal shares, address and daytime telephone number. For minors and trusts, see instructions on page 1.

Section 5 — Spousal Consent: You may be a participant in a plan which requires notarized spousal consent if you name someone other than your spouse as primary beneficiary or if you name someone in addition to your spouse as primary beneficiary. In this case, this section must be signed by your spouse, and the spouse's signature must be notarized.

Section 6 — Participant Signature: You must sign and date the *Beneficiary Designation Form*.