

# GuideStone Express Enroll

## 403(b) Retirement Plan for Piedmont International University

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

### Please enroll me in the 403(b) Retirement Plan

I wish to contribute to my 403(b) Retirement Plan:

- \_\_\_\_% Employee Tax Deferral - I elect to withhold this amount pre-tax (tax-sheltered)
- \$\_\_\_\_ Employee Tax Deferral - I elect to withhold this amount pre-tax PER MONTH
- Other: \_\_\_\_\_

Name: \_\_\_\_\_  Male  Female

Social Security number: \_\_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime phone: (\_\_\_\_) \_\_\_\_\_ Spouse name (if married): \_\_\_\_\_

Email: \_\_\_\_\_

I elect that:

- Tax-deferred contributions will begin with the next pay period.
- Contributions will be invested in the GuideStone Funds MyDestination Fund® that most closely corresponds to the year in which I will turn age 65.

Information on GuideStone Funds is available at [www.GuideStoneFunds.org](http://www.GuideStoneFunds.org). 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 your individual needs. You have sole responsibility for your investment elections and are encouraged to review your available options and make changes at any time to fit your individual situation.

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- Please contact me about consolidating my other retirement plans.

**Please give this form to your employer and retain a copy for your records.**

#### TO BE COMPLETED BY EMPLOYER

Employer name: Piedmont International University Employer number: 329687

Hire date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of participation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Prior service with current employer: \_\_\_\_ Years \_\_\_\_ Months Most recent termination date with employer: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If other service counted for eligibility and/or vesting under the plan.

Other employer name: \_\_\_\_\_ Years: \_\_\_\_ Months: \_\_\_\_