

IRA Maintenance Form

GuideStone Funds
P.O. Box 9834
Providence, RI 02940-8034

GuideStone Trust Services, an affiliate of GuideStone Financial Resources of the Southern Baptist Convention, serves as IRA custodian. For assistance, please call **1-888-GS-FUNDS** (1-888-473-8637).

This form is used for changes to GuideStone Funds Traditional and Roth IRAs. Use a separate form for each account.

1. PARTICIPANT INFORMATION (FORM MUST BE COMPLETED IN INK)

Participant first name: _____ MI: _____ Last name: _____

Social Security number: _____ Birth date: ____/____/____ Account number: _____

Complete the following information in this section only if you are making changes:

Home telephone: (_____) _____ Daytime telephone: (_____) _____

Old mailing address: _____

City: _____ State: _____ ZIP Code: _____

New mailing address: _____

City: _____ State: _____ ZIP Code: _____

Email address (optional): _____

2. BANK INFORMATION (FOR PURCHASES AND SYSTEMATIC WITHDRAWALS)

Your bank information may be used to set up an automatic investment plan or to have on file for purchases at a later time. You may telephone and have purchases processed by Automated Clearing House (ACH) without the need for additional paperwork. Your bank must be a member of the ACH and capable of routing money via electronic fund transfer (EFT).

Establish Change Stop my ACH.

Please fill out completely and include a voided check or deposit slip. A voided check or deposit slip must be included to fulfill this request.

Type of account: Checking account (voided check) Savings account (voided deposit slip)

Bank name: _____

Account number: _____ Transit/ABA number: _____

Name(s) on account: _____

(Note: At least one common name must appear on both your IRA and your bank account registration.)

3. AUTOMATIC INVESTMENT PLAN

Establish Change Stop my automatic investment plan.

After your IRA has been opened with at least \$1,000 per fund, you can invest in GuideStone Funds IRAs automatically through your bank account with a minimum amount of **\$100** per established fund.* IRA contributions made through the automatic investment plan will be credited as current-year contributions.

GuideStone Funds, or its agents, is hereby requested and authorized to charge my bank account as indicated below. This authority is to remain in effect until revoked by me and until GuideStone Funds, or its agents, actually receives such notice. I agree that any loss, liability or expense incurred in acting upon this option is my responsibility and that GuideStone Funds and its agents will be held harmless.

Investment frequency: Monthly **or** Quarterly Effective beginning on: 5th **or** 20th of _____ (month). If the day you selected falls on a holiday or weekend, your account will be debited on the business day following the holiday/weekend.

Investment amount (minimum of **\$100** per fund)*: \$ _____ Fund name: _____

*If you are implementing asset allocation advice provided by GuideStone Advisors GPS: Guided Planning Services®, the requirement to invest a minimum of \$100 per fund does not apply.

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4. SYSTEMATIC WITHDRAWAL PLAN

Minimum payment amount — \$250 per fund; \$5,000 minimum account balance per fund at initial time of withdrawal.

Change existing Stop existing

Fund(s): _____ \$ _____ or _____ %

Fund(s): _____ \$ _____ or _____ %

Frequency: Monthly or Quarterly or Annually Effective beginning on 25th of: _____ (month)

This authorization will remain in full force and in effect until GuideStone Funds receives notification from you of its termination and until GuideStone Trust Services has a reasonable opportunity to act on the termination, or until all funds are exhausted.

Withdrawal payment method:

Mail to my address currently on file

Mail to the following address — check is payable to registered owner:
(Withdrawal will be delayed 10 business days if this is a new permanent address.)

Check one:

- New permanent address
 Address for this withdrawal only
(A medallion signature guarantee is required if you check this box.)

Send Systematic Withdrawal via ACH (Please complete bank information in Section 2 and include a voided check or deposit slip if we don't already have it on file.)

5. WITHHOLDING ELECTION (FOR SYSTEMATIC WITHDRAWAL PLAN DISTRIBUTIONS)

Federal income tax withholding:

Federal income tax will be withheld on payments from your IRAs unless you elect otherwise. Generally, non-periodic payments must have tax withheld at a rate of 10%. You can elect to have no income tax withheld from a non-periodic payment by filing IRS *Form W-4P* or this substitute with GuideStone Funds and checking the appropriate box on the form. Your election will remain in effect for any subsequent distributions unless you change or revoke your election by completing a new *Form W-4P* or substitute form and submitting it to GuideStone Funds.

Please change my withholding election as follows:

I elect **not to have** federal income tax withheld from my distribution.

I elect **to have** federal income tax withheld from my distribution.

If you want a percentage exceeding 10%, please indicate the percentage: _____% (not more than 90%) or

I want the following **additional** amount withheld from each distribution: \$ _____

State income tax withholding:

Your state of residence will determine your state income tax withholding requirements, if any. Those states with mandatory withholding will require state income tax to be withheld from payments if federal taxes are withheld. Voluntary states let individuals determine whether they want state income tax withheld. Some states have no income tax on retirement payments. You may wish to consult with a tax advisor or your state's tax authority for additional information on your state requirements.

I elect **not to have** state income tax withheld from my retirement account distributions (only for residents of states that do not require mandatory state income tax withholding).

I elect **to have** the following dollar amount or percentage from my retirement account distribution withheld for state income tax
(for residents of states that allow voluntary state income tax withholding): \$ _____ or _____ %

Caution: Remember, you are liable for the payment of federal and/or state income tax on the taxable amount of your withdrawal(s), and there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments.

6. BENEFICIARY DESIGNATION

I designate the following person(s) as my beneficiary(ies) to receive benefits in the event of my death. The benefit will be paid to my primary beneficiary(ies) 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 to my secondary beneficiary(ies) living at my death and in equal shares to each unless otherwise indicated. If no primary or secondary beneficiary survives me, or if no beneficiary is designated, my spouse becomes my beneficiary. Or, if there is no surviving spouse or I am unmarried, my estate becomes my beneficiary.

Consent of applicant's spouse: Spousal consent is required in community property and marital property states when an IRA applicant wishes to name a beneficiary other than, or in addition to, the spouse. Spouses of applicants who reside in community property or marital property states (AZ, CA, ID, LA, NV, NM, TX, WA and WI) must sign the consent below.

I hereby consent to and join in the designation of beneficiary(ies) below. I give to the applicant any interest I have in the funds deposited in this account.

Signature of applicant's spouse: _____ Date: ____/____/____

Primary beneficiary(ies) I have attached a separate sheet labeled "Primary beneficiaries" listing additional primary beneficiaries.

Name	Address	Relationship	Birth date	Social Security number	% Designated
			/ /		%
			/ /		%
			/ /		%
			/ /		%
Total (must equal 100%):					%

Secondary beneficiary(ies) I have attached a separate sheet labeled "Secondary beneficiaries" listing additional secondary beneficiaries.

Name	Address	Relationship	Birth date	Social Security number	% Designated
			/ /		%
			/ /		%
			/ /		%
			/ /		%
Total (must equal 100%):					%

7. PARTICIPANT SIGNATURE

I certify that I am the participant authorized to make these elections and that all information provided is true and accurate. I further certify that no tax or legal advice has been given to me by GuideStone Trust Services, GuideStone Funds, or any agent of either of them and that all decisions regarding the elections made on this form are my own. GuideStone Trust Services may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences that may arise from the elections and agree that GuideStone Trust Services, GuideStone Funds, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the elections made on this form. **This form may only be used for ONE ACCOUNT. If you have another account from which you wish to take withdrawals, please fill out a separate form.**

Participant signature: _____ **Date:** ____/____/____

Medallion signature guarantee — medallion stamp*: _____
Required if mailed to an address different than the address of record or for withdrawals greater than \$50,000.

*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.

