

**Employer Access Program
Designation of Employer Access Program Security Administrator(s)
Change Form**

SECURITY ADMINISTRATORS

Full name: _____ Add Remove

Title: _____ Employer number: _____

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

Work telephone: (____) _____ E-mail address: _____

This authorization is for: Insurance Retirement Plan documentation

Full name: _____ Add Remove

Title: _____ Employer number: _____

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

Work telephone: (____) _____ E-mail address: _____

This authorization is for: Insurance Retirement Plan documentation

Full name: _____ Add Remove

Title: _____ Employer number: _____

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

Work telephone: (____) _____ E-mail address: _____

This authorization is for: Insurance Retirement Plan documentation

AUTHORIZATION

The undersigned, as a duly authorized officer of the employer named below, specifies the individual(s) listed above as Employer Access Program Security Administrator(s) (EAP security administrator(s)) for the Employer Access Program in accordance with the letter of agreement between GuideStone Financial Resources and the employer.

Name of employer: _____

City: _____ State: _____ ZIP Code: _____

Printed name of employer's authorized officer: _____

Signature of employer's authorized officer: _____

Date of signature*: ____/____/____

* Designation shall be effective upon receipt of form by GuideStone Financial Resources.

Return this form to: Retirement Operations
GuideStone Financial Resources
2401 Cedar Springs Road
Dallas, TX 75201-1498

