



13300 OLIO RD SUITE 340  
 FISHERS IN 46037  
 P: 317.774.3954  
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 wpf@wesleyan.org  
 wesleyanpensionfund.com

## PARTICIPANT ENROLLMENT FORM

I direct WPF to place my contributions into the investment choices indicated. This form is intended for enrollment only and will not be processed until a contribution is received. Signatures must be *real*, not computer generated. *\*Required*

### A. PERSONAL INFORMATION

\*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Title \_\_\_\_\_

\*Social Security # \_\_\_\_\_ \*Male/Female \_\_\_\_\_ \*Date of Hire (MM/DD/YYYY) \_\_\_\_\_

\*Home Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_

\*Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Spouse Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Email Address \_\_\_\_\_ Spouse Name \_\_\_\_\_

Circle One:  Ordained or Licensed Minister     Lay Person    \*Primary Phone \_\_\_\_\_

\*Employer \_\_\_\_\_ District \_\_\_\_\_ Work Phone \_\_\_\_\_

### B. INVESTMENT OPTIONS

#### OPTION 1: DO IT FOR ME — Target Retirement Date Portfolios

I understand:

- Contributions will be directed within the *Target Retirement Date Portfolio* based on my expected retirement age or as defined by my employer’s retirement plan if my age is not evident in the *Personal Information* section.
- My investment election will be effective when a contribution and my enrollment is processed by the WPF office.
- My contributions made to this plan, including rollover contributions, will be invested using the percentages listed in this document unless specified. I may transfer my contributions or change investment election as allowed by the Plan.

#### OPTION 2: CUSTOMIZED CHOICES — Select any combination of options—must equal 100%

##### TARGET RETIREMENT DATE PORTFOLIO OPTIONS (1)

Wesleyan Retirement Portfolio	_____ %
Wesleyan 2020 Portfolio	_____ %
Wesleyan 2025 Portfolio	_____ %
Wesleyan 2030 Portfolio	_____ %
Wesleyan 2035 Portfolio	_____ %
Wesleyan 2040 Portfolio	_____ %
Wesleyan 2045 Portfolio	_____ %
Wesleyan 2050 Portfolio	_____ %
Wesleyan 2055 Portfolio	_____ %
Wesleyan 2060 Portfolio	_____ %

##### SINGLE FUND INVESTMENT OPTIONS (ANY)

American Funds New World R6 Fund	_____ %
American Funds Washington Mutual Investors Fd	_____ %
Artisan Mid-Cap Institutional Fund	_____ %
BlackRock Advantage ESG US Equity K Fund	_____ %
GuideStone Medium-Duration Bond Investor Fd	_____ %
Metropolitan West Total Return Bond M Fund	_____ %
MFS International Diversification R6 Fund	_____ %
PIMCO Income Institutional Fund	_____ %
Principal Large Cap S&P 500 Index R5 Fund	_____ %
Principal Mid-Cap S&P 400 Index R5 Fund	_____ %
Principal Small-Cap R6 Fund	_____ %
Principal Real Estate Securities R6 Fund	_____ %
T. Rowe Price Blue Chip Growth Fund	_____ %
Wells Fargo Special Mid-Cap Value Institutional Fd	_____ %
Wesleyan Investment Foundation	_____ %

## C. VOLUNTARY SALARY REDUCTION (Optional)

### Employee Contributions

**THIS SECTION IS FOR EMPLOYEE VOLUNTARY CONTRIBUTIONS ONLY, NOT EMPLOYER CONTRIBUTIONS**

*Salary Reduction Agreement forms, if preferred by your employer, are available on our website*

Employer, please defer \$\_\_\_\_\_ or \_\_\_\_\_% per month of my current and future salary. This agreement applies to amounts earned until changed by me in writing. I understand my Plan sponsor may reduce my deferral only when required to meet certain plan limits.

**The current IRS limit for Employee Contributions (Elect Deferral) can be found on our website in the “Plan Benefits & Information” section and the “Contribution Limits” tab (these change annually)**

**\*The Treasurer/Employer signature is required ONLY if you participate in this option**

X

Ministry Treasurer or Employer <i>(Required only for voluntary salary reductions)</i>	Date
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## D. BENEFICIARY FORM

See page 3

The attached Beneficiary form is **\*required** and must be completed (including signature and date at the bottom) and accompanied with your Enrollment form. **If you place this in the name of your Trust, you must also include a copy of the Trust instrument that states the beneficiaries of your pension fund account.**

-Beneficiary Forms are also available on our website as a single form: [wesleyanpensionfund.com](http://wesleyanpensionfund.com)

-Signatures must be real and not computer generated

## E. SIGNATURE

Please sign and date indicating your agreement and completion of these enrollment forms (three pages).

X

Participant Signature	Date
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**ALL QUARTERLY ONLINE STATEMENTS are available for viewing/downloading in your online account. Printed, year-end statements are mailed out in January after the Principal Financial Group year-end processing.**

To help ensure you receive accurate reports that reflect the correct investment of your plan’s contributions, please review all reports regularly and report any discrepancy to us immediately. *Also, please keep us updated with any contact information changes—if you terminate employment, your pension is still active and available for your retirement. However, WPF is not connected to a database in The Wesleyan Church so contact information is not automatically updated.*

After you have completed this form, mail it to *Wesleyan Pension Fund* at the address on page one or give it to your ministry treasurer (or person who handles the pension contributions) to be uploaded in the ministry’s *Online Payment System* account. A letter will be sent to you with instructions on how to access your online account information and instructions for a mobile app. If you have questions or need assistance, please contact us. If you do not elect any of the investment choices above, your contributions will be automatically allocated to the *Target Date Retirement Portfolio* that most closely matches your projected retirement date.



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### BENEFICIARY FORM

#### PARTICIPANT OF THE PLAN

*Please print or type*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

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

Email \_\_\_\_\_

#### BENEFICIARY DESIGNATION

##### PRIMARY BENEFICIARY (Receives All Funds after Participant's death)

Individual or Trust Name \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address (if not the same as above) \_\_\_\_\_

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

Email \_\_\_\_\_

#### BENEFICIARY DESIGNATION

##### CONTINGENT BENEFICIARY (Funds Shared Equally after death of Primary Beneficiary)

—Name \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

—Name \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

—Name \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

—Name \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

**X**

Participant Signature

Date