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BENEFICIARY FORM

PARTICIPANT

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/Trust _____ 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