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REQUEST FOR PARTIAL WITHDRAWAL

You have indicated that you would like to have a portion of your Plan benefits paid to you in the form of a partial withdrawal. You may do so if you are of age 62 or older (retirement) or have terminated employment with The Wesleyan Church. Please complete this form and return it to Wesleyan Pension Fund and your partial withdrawal will be processed for payment.

PERSONAL INFORMATION

Participant's Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

Phone: _____ Date of Birth _____

Email Address _____

Marital Status: ☐ Married ☐ Single/Divorced/Widow(er) ☐ Separated

WITHDRAWAL INFORMATION

I hereby request a withdrawal of \$_____ from my account in the Wesleyan Church Pension Plan. I understand this will reduce future pension benefits. I would like the partial sum to be paid as follows:

☐ **Partial lump sum payment paid directly to me**

Check all that apply:

- ☐ By check in the mail
- ☐ By Direct Deposit—Form Attached or ☐ On File
- ☐ W-4R (Ministers)—Form Attached or ☐ On File
- ☐ State W-4R (Ministers)—Form Attached or ☐ On File
- ☐ Employee Salary-Reduction Funds Only
- ☐ W-8BEN (Canada) Form Attached or ☐ On File

☐ **Direct rollover of partial lump sum payment per instructions**

(Please attach your completed rollover instructions)

Date of Employment Termination: _____ Date of Retirement _____

TAX INFORMATION

(See Special Tax Notice Regarding Plan Payments)

I understand the taxable portion of this partial withdrawal will be subject to 20% federal income tax withholding, payable to the IRS. I also understand there may be state income tax liabilities. I understand if the distribution of the taxable portion is to be handled as a direct rollover to my IRA (or other section 403(b) plan), federal income tax withholding will not apply.

SIGNATURE *(If married, both must sign – *Spouse's signature must be witnessed & accompanied by valid ID which is kept on file for future withdrawals. It is not necessary to date your signatures—the WPF Rep will date the form.)*

_____ Participant Signature	_____ Spouse Signature (Required: Copy of valid ID)
_____ WPF Representative	_____ Witnessed by (Required for spouse signature—Doesn't have to be Notary)
_____ Date	