

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 _____

*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) _____

Personal Email Address _____ Spouse Name _____

Work Email Address _____

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 2025 Portfolio	_____ %
Wesleyan 2030 Portfolio	_____ %
Wesleyan 2035 Portfolio	_____ %
Wesleyan 2040 Portfolio	_____ %
Wesleyan 2045 Portfolio	_____ %
Wesleyan 2050 Portfolio	_____ %
Wesleyan 2055 Portfolio	_____ %
Wesleyan 2060 Portfolio	_____ %
Wesleyan 2065 Portfolio	_____ %

SINGLE FUND INVESTMENT OPTIONS (ANY)

Allspring Special Mid-Cap Value Institutional Fd	_____ %
American Century Heritage R6 Fund	_____ %
American Funds New World R6 Fund	_____ %
American Funds Washington Mutual Investors Fd	_____ %
BlackRock Sustainable Advantage Large-Cap K Fd	_____ %
Calvert Bond I Fund	_____ %
FullerThaler Behavioral Small Cap Equity R6 Fd	_____ %
JP Morgan Large Cap Growth R6 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 Real Estate Securities R6 Fund	_____ %
Wesleyan Investment Foundation	_____ %

C. VOLUNTARY SALARY REDUCTION (Optional)

Employee Contributions

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

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

Employer, please defer \$_____ or _____% per paycheck of **Pre-Tax** funds of my current and future salary.

Employer, please defer \$_____ or _____% per paycheck of **ROTH After-Tax** funds of my current and future salary.

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. PLEASE NOTE: ROTH, after-tax contributions MUST have the taxes withheld before the funds are contributed to WPF.**

X

Ministry Treasurer or Employer
(Required only for voluntary salary reductions)

Date

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

-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

ALL QUARTERLY ONLINE STATEMENTS are available for viewing/downloading in your online account. Printed, year-end statements are mailed out in February after the Principal Financial Group (PFG) 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.*

After you have completed this form, mail it to *Wesleyan Pension Fund* at the address on page one. You may also FAX or upload it to our Secure File Upload link on our website. A letter will be sent to you with instructions on how to access your online account information and instructions for a mobile app.

BENEFICIARY FORM

PARTICIPANT *(Please Print)*

Last Name _____ First Name _____ Middle Initial _____

Social Security # _____ Date of Birth _____ Daytime Phone _____

Address _____ City _____ State _____ Zip Code _____

Email _____

☐ Married

☐ Single/Divorced/Widowed

☐ Legally Separated

*I hereby designate the following as my beneficiary(ies). If more than one beneficiary is designated, payment will be made in the designated percentages. Payments to contingent beneficiary(ies) will only be made if no primary beneficiary survives me. The total percentage must equal 100% in each column. If no designated percentage is indicated, benefits will be paid to each surviving beneficiary in equal shares. **NOTE:** If a Trust is designated as a beneficiary a copy of the trust must be submitted with this form.*

BENEFICIARY TYPE	COMPLETE NAME AND ADDRESS SOCIAL SECURITY NUMBER, DATE OF BIRTH EMAIL ADDRESS	RELATIONSHIP	PRIMARY BENEFICIARY PERCENTAGE	CONTINGENT BENEFICIARY PERCENTAGE
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name _____ Address _____ _____ SSN _____ DOB _____ Email _____			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name _____ Address _____ _____ SSN _____ DOB _____ Email _____			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name _____ Address _____ _____ SSN _____ DOB _____ Email _____			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name _____ Address _____ _____ SSN _____ DOB _____ Email _____			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name _____ Address _____ _____ SSN _____ DOB _____ Email _____			

X

Participant Signature

Date