

## REMITTANCE FORM FOR CURRENT YEAR CONTRIBUTIONS

To be valid for the current year, contributions are due in WPF office by December 30, 2026

SSN (Last 4 digits only)	PRINT LEGAL NAME  LAST FIRST  NAME NAME		ER EMPLOYER CONTRIBUTIO N (default)	EE EMPLOYEE SALARY REDUCTION PRE-TAX	EE EMPLOYEE SALARY REDUCTION ROTH – AFTER TAX	TOTAL
	IVAIVIL	NAME	\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
he ER or EE is not filled in, the default is the ER)					FORM& CHECK	\$

## **✓PLEASE READ:**

- NEW: PLEASE MAKE CHECKS OUT TO: SERVANT SOLUTIONS
- A completed enrollment form is required for new members before funds are processed.
- Make payments in the same month the contribution is for.
- Send only ONE remittance form with your check(s).
- Life & Disability Insurance is only available with ER contributions.
- Remittance must be filled out and readable. Use black ink. PRINT.
- Do NOT cut, staple, use tape or tear the form or check.
- Mail with the check to:

WESLEYAN PENSION FUND INC 13300 OLIO RD SUITE 340 FISHERS, INDIANA 46037

**ONLINE PAYMENT OPTION:** Please begin using our *Online Payment System* for making scheduled, automated payments or manual one-time payments each month—even for one person. Visit our website, www.wesleyanpensionfund.com, and click "First-Time Users" for set-up information. *No more checks—envelopes—postage—remittance slips—mailings!* 

Questions: Email: wpf@wesleyan.org ... Phone: 317.774.3954 ... Website: wesleyanpensionfund.com