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ROLLOVER DECLARATION

1. PERSONAL INFORMATION

Plan Sponsor Name: Wesleyan Pension Fund Inc..... Plan ID: 4-47487

Participant's Name _____ Social Security Number _____

Date of Birth _____ Date of Employment _____

Home Address _____

Email Address _____

2. INVESTMENT ELECTION

Investment Options	Percentage	Show the percentage of rollover contribution you want directed to each investment option. The column must add up to 100%. This direction applies only to the rollover contribution. If this is left blank, it will default to your current investment option.
_____	_____ %	
_____	_____ %	
_____	_____ %	
_____	_____ %	
_____	_____ %	
_____	_____ %	

3. ROLLOVER INFORMATION

Name of institution assets are rolling over from: _____

Assets rolled over into this plan result from a distribution from:

- ☐ 401(a) Qualified Plan
☐ IRA* (pre-tax contributions ONLY)
☐ Governmental 457 Plan
☐ SIMPLE IRA
☐ Simplified Employee Pension Plan (SEP)
☐ 403(b) Plan

Amount of **Pre-Tax** Distribution (can leave blank)
\$ _____

Amount of **ROTH** Distribution (After-Tax)(can leave blank.
\$ _____

***After tax contributions from an IRA may not be rolled to an employer plan.**

4. SIGNATURES

I may deposit only money allowed under my current plan. I have verified with my current employer that these funds can be deposited according to plan provisions. **By signing below, you declare this information correct.**

X

Participant Signature

Based on the information above, this contribution is acceptable according to the plan provisions and directs Delaware Charter Guarantee & Trust as Trustee for Wesleyan Pension Fund/Principal Financial Group customers to accept the enclosed amount as a rollover contribution.

Date

WPF Representative

Date

PLEASE GIVE A COPY OF THIS FORM TO THE FIRM/AGENT SENDING THE ASSETS

★ CHECKS PAYABLE TO:

Delaware Charter Guarantee & Trust Co
FBO: Name & last four digits of SSN

★ CHECKS AND FORMS SENT TO:

Complete all four sections of this form and return one of two ways:

-By Fax: 317.774.3955

-By Mail: Wesleyan Pension Fund, 13300 Olivo Rd, Suite 340, Fishers, IN 46037
(It is not necessary for the check to accompany the Declaration Form)