



13300 OLIO RD SUITE 340
FISHERS IN 46037
P: 317.774.3954
F: 317.774.3955
wpf@wesleyan.org
wesleyanpensionfund.com

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

Individual/Trust _____ Relationship _____

Social Security # _____ Date of Birth _____

Address (if not the same as above) _____

City _____ State _____ Zip Code _____

Email _____

BENEFICIARY DESIGNATION

CONTINGENT BENEFICIARY

Name _____ Relationship _____

Social Security # _____ Date of Birth _____

Address _____

Name _____ Relationship _____

Social Security # _____ Date of Birth _____

Address _____

Name _____ Relationship _____

Social Security # _____ Date of Birth _____

Address _____

Name _____ Relationship _____

Social Security # _____ Date of Birth _____

Address _____

X

Participant Signature

Date