



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

PARTICIPANT ENROLLMENT FORM

I have read the materials and 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. (Three pages total.) **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) _____

Email Address _____ Spouse _____

-Ordained/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 2020 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	_____%

SINGLE FUND INVESTMENT OPTIONS (ANY)

American Funds New World Fund	_____%
American Funds Washington Mutual Investors Fd	_____%
GuideStone Medium-Duration Bond Fund	_____%
MassMutual Select Mid Cap Growth Equity Fund II	_____%
Metropolitan West Total Return Bond	_____%
Oakmark International Fund	_____%
PIMCO Income Fund/Administrative	_____%
Principal Large Cap S&P 500 Index	_____%
Principal MidCap S&P 400 Index	_____%
Principal Small Cap Fund	_____%
Principal Real Estate Securities Fund	_____%
Crossmark Steward Lg Cap Enhanced Index A Fd	_____%
T. Rowe Price Blue Chip Growth Fund	_____%
Wells Fargo Advantage Special Mid Cap Value Fd	_____%
Wesleyan Investment Foundation	_____%

C. VOLUNTARY SALARY-REDUCTION

Employee Contributions

THIS SECTION IS FOR EMPLOYEE, VOLUNTARY CONTRIBUTIONS ONLY (NOT EMPLOYER CONTRIBUTIONS).
(Salary Reduction Agreement forms, if preferred by your employer, are available on our website.)

Employer, please defer \$_____ or _____% per month of my current and future salary. 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.

The current IRS limit for Employee Contributions is \$19,500 for the year. The Treasurer/Employer signature is required only if you participate in this option.

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

E. SIGNATURE

Please sign and date indicating your agreement and completion of these enrollment forms (three pages).

X

Participant Signature	Date
-----------------------	------

ONLINE STATEMENTS are available by mail or viewing in your online account - settings for this are under: "My Profile" and "Manage Delivery Preferences" after you setup your online account.

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. However, WPF is not connected to a database in The Wesleyan Church so contact information is not automatically updated.*

After you have completed this form, please mail it to Wesleyan Pension Fund at the address above. A letter will be sent to you with instructions on how to access your online account information and a confirmation of your election will be shown in your semi-annual report. If you have questions or need assistance, please contact us. If you do not elect any of the investment choices above, your contributions will be automatically allocated to the *Target Date Retirement Portfolio* that most closely matches your projected retirement date.

Serving HIM for your benefit!



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

BENEFICIARY FORM

PARTICIPANT OF THE PLAN

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 _____

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