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BENEFICIARY FORM

PARTICIPANT

Please print or type

Last Name _____ First Name _____ Middle Initial _____

Social Security # _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip Code _____

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