



P. O. Box 50434  
Indianapolis, Indiana 46250  
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(317) 774-3955 FAX

**REQUEST FOR PARTIAL LUMP SUM WITHDRAWAL**

You have indicated that you would like to have a portion of your Plan benefits paid to you in the form of a partial lump sum withdrawal. You may do so if you are of age 62 or older (retirement) or have terminated employment with The Wesleyan Church. Please complete this form and return it to the Wesleyan Pension Fund and your partial lump sum withdrawal will be processed for payment.

**1. PERSONAL INFORMATION**

Participant's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status:  Married  Single/Divorced/Widow(er)  Separated

**2. WITHDRAWAL INFORMATION**

I hereby request a withdrawal of \$ \_\_\_\_\_ from my account in the Wesleyan Church Pension Plan. I understand that this withdrawal will reduce future pension benefits. I would like the partial lump sum to be paid as follows:

- Partial lump sum payment paid directly to me.
- Direct Rollover of partial lump sum payment per my instructions  
*(Please attach your rollover instructions.)*

*Date of Termination* \_\_\_\_\_

*Date of Retirement:* \_\_\_\_\_

**3. TAX INFORMATION** (See Special Tax Notice Regarding Plan Payments, which is enclosed with this form.)

I understand that the taxable portion of this partial lump sum withdrawal will be subject to 20% federal income tax withholding, payable to the IRS. I also understand there may be certain state income tax liabilities. I understand that if the distribution of the taxable portion is to be handled as a direct rollover to my IRA (or other section 403(b) plan), federal income tax withholding will not apply.

**4. DATE AND SIGNATURE** (If married, both you and your spouse must sign.)

I have read and understand the information set out above, and I hereby request a partial lump sum withdrawal in the amount indicated above.

Participant's signature \_\_\_\_\_

Spouse's signature \_\_\_\_\_

\_\_\_\_\_ Dated \_\_\_\_\_  
WPF REPRESENTATIVE

\_\_\_\_\_  
Witnessed by:  
(Required for spouse's signature)