



Pension Remittance
for the month(s) of _____

| <i>NOTE: You must indicate whether the contribution is Employer and/or Salary Reduction</i> | | | | |
|---|------------------------|-----------------------|-------------------------------|--------------------|
| Name of Participant | Social Security Number | Employer Contribution | Salary Reduction Contribution | Total Contribution |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| CHECK TOTAL | | | | |

Church or related Entity making remittance: _____

District _____ Date _____

***Your cancelled check or money receipt will be construed as evidence of payment.
Please mail this form with your remittance. You will need to make copies for your records.***

MAIL TO:

**WESLEYAN PENSION FUND, INC.
P.O. BOX 50434
INDIANAPOLIS, INDIANA 46250**