

**PENSION PLAN
LUMP SUM DISTRIBUTION FORM**

You have indicated that you wish to receive your retirement benefits under the Wesleyan Church Pension Plan in a lump sum payment.

Our records reflect that your current account balance as of _____ is \$ _____.
[Note: The amount in your account will change between now and the date of any payment to you based on the earnings experience of the investment funds you have selected.]

You should carefully review the attached Special Tax Notice Regarding Pension Plan Payments for information regarding the tax consequences with regard to your receipt of a lump sum payment. If you wish to receive a lump sum distribution of your account balance, you must complete this form and return it to the Wesleyan Pension Fund.

Personal Information:

Participant's Name _____ Social Sec. No. _____

Address _____

City _____ State _____ Zip Code _____

Telephone Numbers: (Daytime) _____ (Evening) _____

I hereby elect to receive my benefits from the Wesleyan Church Pension Plan in the form of a lump sum, payable as follows:

- Lump sum payment of my entire Plan account paid directly to me
- Direct rollover of my entire Plan account per instructions
(Please attach your rollover instructions)

Date of Termination: _____

I understand that, by receiving this lump sum payment, that I am waiving my rights to receive my benefits as an annuity or in installments, and that my rights to benefits from the Wesleyan Church Pension Plan are extinguished.

Participant's
signature _____

Spouse's
signature _____
(attach a copy of ID with spouse's signature required)

WPF REPRESENTATIVE

Dated _____

Witnessed by:
(Required for spouse's signature)