



## REMITTANCE FORM

DATE EFFECTIVE FOR THE MONTH(S) OF:						
(If month is not filled in, the current month the check is received is the default date)						
EMPLOYER (church & district)	SSN (only last four digits)	PRINT LEGAL NAME		EMPLOYER (ER) CONTRIBUTION (default)	EMPLOYEE (EE) SALARY REDUCTION	TOTAL CONTRIBUTION
		LAST NAME	FIRST NAME			
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
(If the ER or EE is not filled in, the ER is the default)					<b>CHECK TOTAL:</b>	<b>\$</b>

- **New members require a completed enrollment form for funds to be processed.**
- **Only one remittance form should accompany the check(s).**
- **Use business-size envelopes with business-size checks.**
- **Life & Long-Term Disability Insurance is only available with ER contributions.**
- **Your cancelled check or money receipt is evidence of payment.**
- **Remittance must be filled out and readable. Please print or type.**
- **Please do not cut, staple, tape or tear the form or check.**
- **Tri-fold and mail in a #10 business envelope to:**

**WESLEYAN PENSION FUND INC**  
**PO BOX 50434**  
**INDIANAPOLIS, INDIANA 46250**

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### OTHER PAYMENT METHODS:

✓ **ONLINE PAYMENT OPTION:** WPF would like you to use our *Online Payment System* for making scheduled, automated payments—even for one person. Visit our website, [www.wesleyanpensionfund.com](http://www.wesleyanpensionfund.com), and click “First-Time Users” for set-up. *No more checks—envelopes—postage—remittance slips—mailings—or errors!*

✓ **BILL-PAY OPTION:** If using a bill-pay service, please use our Import Transaction Workbook (Excel) template on our website, under “FORMS.” Read the instructions tab and email your workbook when your check is scheduled for mailing. The workbook can be save and reused each time you send your pension check or at the time of your bill-pay distribution. WPF requires this method of payment for more than three employees.

*Contact us with any questions about these options!*