



REMITTANCE FORM FOR CURRENT YEAR CONTRIBUTIONS

Year-End Processing: This Year's Contributions Due by December 20

FOR MONTH(S) OF:						
EMPLOYER	SSN <small>(last 4 digits only)</small>	PRINT LEGAL NAME		ER EMPLOYER CONTRIBUTION <small>(default)</small>	EE EMPLOYEE SALARY REDUCTION	TOTAL CONTRIBUTION
		LAST NAME	FIRST NAME			
Church:				\$	\$	\$
				\$	\$	\$
District:				\$	\$	\$
<small>(If the ER or EE is not filled in, the default is the ER)</small>					CHECK TOTAL:	\$
TREASURER NAME:						
EMAIL:						

- New members require a completed enrollment form for funds to be processed.
- Please try to pay/send in same month the contribution is for.
- Only one remittance form should accompany the check(s).
- Use business-size envelopes with business-size checks (#10).
- Life & Long-Term Disability Insurance is only available with ER contributions.
- Remittance must be filled out and readable. Please print or type.
- Please do not cut, staple, tape or tear the form or check.
- Please tri-fold and mail in a #10 envelope to:

WESLEYAN PENSION FUND INC
PO BOX 50434
INDIANAPOLIS, INDIANA 46250

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, 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, email workbook when check is mailed. Save workbook and re-use for next time.

Questions – Contact: 317.774.3954 ... wpf@wesleyan.org ... www.wesleyanpensionfund.com