



PO Box 50434  
 Indianapolis, Indiana 46250  
 800.595.4131 or 317.774.3954  
 317.774.3955 (FAX)  
 wpf@wesleyan.org  
 wesleyanpensionfund.com

## PARTICIPANT ENROLLMENT FORM

I have read the materials and direct WPF to place my contributions into the investment choices indicated. This form is intended for enrollment only and will not be processed until a contribution is received. (Three pages total.) *\*Required*

### A. PERSONAL INFORMATION

\*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 \*Social Security # \_\_\_\_\_ \*Male/Female (M or F) \_\_\_\_\_ \*Date of Hire (MM/DD/YYYY) \_\_\_\_\_  
 \*Home Address \_\_\_\_\_  
 \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_  
 \*Date of Birth (MM/DD/YYYY) \_\_\_\_\_ \*Spouse Date of Birth (MM/DD/YYYY) \_\_\_\_\_  
 \*Check Box:  Ordained/Licensed Minister  Lay Person \*Primary Phone \_\_\_\_\_  
 \*Employer \_\_\_\_\_ District \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

### B. INVESTMENT OPTIONS

#### OPTION 1: DO IT FOR ME

***Wesleyan Target Retirement Date Portfolios—the Fastest and Easiest Way to Start Saving Now!***

- I understand contributions will be directed within the Wesleyan Target Retirement Date Portfolio based on my expected retirement age or as defined by my employer's retirement plan if no age is entered in the Personal Information section.
- Your investment election will be effective when it is received in our Corporate Center.
- If no investment election is received, or contributions are received prior to your investment election, contributions will be deposited per the direction of your employer.
- All of your contributions made to this plan, including rollover contributions, will be invested using the percentages listed in this document. You may transfer your contributions or change investment election as allowed by the plan.

#### OPTION 2: CUSTOMIZED CHOICES

***Select ONE Portfolio Option or any combination of Single Fund Options and ONE Portfolio Option to equal 100%***

#### TARGET RETIREMENT DATE PORTFOLIO OPTIONS (1)

Wesleyan Retirement Portfolio	_____ %
Wesleyan 2020 Portfolio	_____ %
Wesleyan 2025 Portfolio	_____ %
Wesleyan 2030 Portfolio	_____ %
Wesleyan 2035 Portfolio	_____ %
Wesleyan 2040 Portfolio	_____ %
Wesleyan 2045 Portfolio	_____ %
Wesleyan 2050 Portfolio	_____ %
Wesleyan 2055 Portfolio	_____ %

#### SINGLE FUND INVESTMENT OPTIONS (ANY)

American Funds New World Fund	_____ %
American Funds Washington Mutual Investors Fd	_____ %
GuideStone Medium-Duration Bond Fund	_____ %
MassMutual Select Mid Cap Growth Equity Fund II	_____ %
Metropolitan West Total Return Bond	_____ %
Oakmark International Fund	_____ %
PIMCO Income Fund/Administrative	_____ %
Principal Large Cap S&P 500 Index	_____ %
Principal MidCap S&P 400 Index	_____ %
Principal Small Cap Fund	_____ %
Principal Real Estate Securities Fund	_____ %
Steward Large Cap Enhanced Index Fund	_____ %
T. Rowe Price Blue Chip Growth Fund	_____ %
Wells Fargo Advantage Special Mid Cap Value Fd	_____ %

**C. VOLUNTARY SALARY REDUCTION**

**Employee Contributions**

Defer \$\_\_\_\_\_ or \_\_\_\_\_% per month of my current and future salary. This agreement applies to amounts earned until changed by me in writing. I understand my plan sponsor may reduce my deferral only when required to meet certain plan limits.

**The current dollar limit for Voluntary Salary Reductions is \$19,000.** If you are over age 50, an additional \$6,000 may be contributed for a total of \$25,000. Please contact your tax advisor for advice. These limits may change each calendar year. The Treasurer/Employer signature is required only if you participate in this option.

X

<b>Treasurer/Employer</b> <i>(Required only for voluntary salary reductions)</i>	<b>Date</b>
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**D. BENEFICIARY FORM**

See page 3

The attached Beneficiary form is required and must be completed (including signature and date) and accompanied with your Enrollment form. If you place this in the name of your Trust, you must also include a copy of the Trust instrument that states the beneficiaries of your pension fund account.

Beneficiary Forms are also available on our website: [wesleyanpensionfund.com](http://wesleyanpensionfund.com)

**E. SIGNATURE**

Please sign and date indicating your agreement and completion of these enrollment forms (three pages).

X

<b>Participant Signature</b>	<b>Date</b>
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To help ensure you receive accurate reports that reflect the correct investment of your plan’s contributions, please review all reports regularly and report any discrepancy to us immediately. *Also, please keep us updated with any address or name changes—if you terminate employment, your pension will still be active and available for your retirement.*

After you have completed this form, please mail it to Wesleyan Pension Fund at the address above. A letter will be sent to you with instructions on how to access your online account information and a confirmation of your election will be shown in your semi-annual report. If you have questions or need assistance, please contact us. If you do not elect any of the investment choices above, your contributions will be automatically allocated to the *Target Date Retirement Portfolio* that most closely matches your projected retirement date.

***Serving HIM for your benefit!***





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### BENEFICIARY FORM

#### PARTICIPANT OF THE PLAN

Please print or type

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

#### BENEFICIARY DESIGNATION

##### PRIMARY BENEFICIARY

Individual/Trust \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address (if not the same as above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### BENEFICIARY DESIGNATION

##### CONTINGENT BENEFICIARY

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

X

Participant Signature

Date