



PO Box 50434  
 Indianapolis, Indiana 46250  
 800.595.4131  
 317.774.3955 FAX

## ROLLOVER DECLARATION

### 1. PERSONAL INFORMATION

Plan Sponsor Name: Wesleyan Pension Fund Inc..... Plan ID: 4-47487

Participant's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Employment \_\_\_\_\_

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

Email Address \_\_\_\_\_

### 2. INVESTMENT ELECTION

Investment Options	Percentage	
_____	_____ %	Show the percentage of rollover contribution you want directed to each investment option. The column must add up to 100%. This direction applies only to the rollover contribution. <b>If this is left blank, it will default to your current investment option.</b>
_____	_____ %	
_____	_____ %	
_____	_____ %	
_____	_____ %	
_____	_____ %	

### 3. ROLLOVER INFORMATION

Name of institution assets are rolling over from: \_\_\_\_\_

Assets rolled over into this plan result from a distribution from:

- 401(a) Qualified Plan (pre-tax contributions)
- IRA\* (pre-tax contributions)
- Governmental 457 Plan
- SIMPLE IRA
- Simplified Employee Pension Plan (SEP)
- 403(b) Plan

Amount of Pre-Tax Distribution (can leave blank)  
 \$ \_\_\_\_\_

\*After tax contributions from an IRA may not be rolled to an employer plan.

The investment direction selected on this form applies only to your rollover contribution.

### 4. SIGNATURES

I may deposit only money allowed under my current plan. I have verified with my current employer that these funds can be deposited according to plan provisions. **By signing below, you declare this information correct.**

**X**

#### Participant Signature

Based on the information above, this contribution is acceptable according to the plan provisions and directs Delaware Charter Guarantee & Trust as Trustee for Wesleyan Pension Fund/Principal Financial Group customers to accept the enclosed amount as a rollover contribution.

Date

#### WPF Representative

Date

**PLEASE GIVE A COPY OF THIS FORM TO THE FIRM/AGENT SENDING THE ASSETS**

★ **CHECKS PAYABLE TO:**

**Delaware Charter Guarantee & Trust Co  
 FBO: Name & last four digits of SSN**

★ **CHECKS AND FORMS SENT TO:**

**Complete all four sections of this form and return one of two ways:**

**-By Fax: 317.774.3955**

**-By Mail: Wesleyan Pension Fund, PO Box 50434, Indianapolis, IN 46250**

**(It is not necessary for the check to accompany the Declaration Form)**