



REMITTANCE FORM FOR CURRENT YEAR CONTRIBUTIONS

To be valid for the current year, contributions are due in WPF office by December 17

CONTRIBUTION FOR MONTH(S) OF:						
EMPLOYER	SSN (Last 4 digits only)	PRINT LEGAL NAME		ER	EE	TOTAL CONTRIBUTION
		LAST NAME	FIRST NAME	EMPLOYER CONTRIBUTION (default)	EMPLOYEE SALARY REDUCTION	
Ministry:				\$	\$	\$
				\$	\$	\$
District Initials:				\$	\$	\$
(If the ER or EE is not filled in, the default is the ER)						FORM & CHECK TOTAL: \$
YOUR NAME AND TITLE: YOUR EMAIL:						

✓ PLEASE READ:

- Note the "Preferred Method of Payment" below.
- A completed enrollment form is required for new members before funds are processed.
- Make payments in the same month the contribution is for.
- Send only ONE remittance form with your check(s).
- Use business-size envelopes with business-size checks (#10).
- Life & Disability Insurance is only available with ER contributions.
- Remittance must be filled out and readable. Use black ink. PRINT.
- Do NOT cut, staple, use tape or tear the form or check.
- Trifold the form and mail with the check in a #10 envelope to:

WESLEYAN PENSION FUND INC
PO BOX 50434
INDIANAPOLIS, INDIANA 46250

✓ PREFERRED METHOD OF PAYMENT:

ONLINE PAYMENT OPTION: Please begin using our *Online Payment System* for making scheduled, automated payments or manual one-time payments each month—even for one person. Visit our website, www.wesleyanpensionfund.com, and click "First-Time Users" for set-up information. *No more checks—envelopes—postage—remittance slips—mailings!*

Questions: Email: wpf@wesleyan.org ... Phone: 317.774.3954 ... Website: wesleyanpensionfund.com