



PO Box 50434
 Indianapolis, Indiana 46250
 800.595.4131
 317.774.3955 FAX
 wpf@wesleyan.org
 www.wesleyanpensionfund.com

PARTICIPANT INVESTMENT ELECTION FORM

I have read the appropriate materials and direct the Wesleyan Pension Fund to place my future contributions into the investment choices in the percentages indicated. This form is intended for enrolling in the plan only. (See A-E/Three pages.)

A. PERSONAL INFORMATION

Please print or type—black ink only

Last Name _____ First Name _____ Middle Initial _____
 Social Security # _____ Male Female 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) _____
 Mark one: Minister Lay Person District _____ Employer _____
 Home Phone _____ Cell Phone _____ 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 the Single Fund options and one Portfolio option—total of the selections must equal 100 percent

TARGET RETIREMENT DATE OPTIONS (One)

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

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 _____%
 Wesleyan Investment Foundation _____%

C. VOLUNTARY SALARY REDUCTION

Percentage Contributions

Defer \$ _____ or _____ % per month of my current and future salary. (Enter -0- here if you choose not to defer.) 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 \$18,000. If you are over age 50, an additional \$6,000 may be contributed for a total of \$24,000. 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

Treasurer/Employer

(Required only for voluntary salary reductions)

Date

D. BENEFICIARY FORM

See page 3

The attached Beneficiary form must be completed (including signature) and accompanied with your Participant Election and Investment form.

Beneficiary Forms are also available on our website: www.wesleyanpensionfund.com.

E. SIGNATURE

Final Step

Please sign and date on the line below indicating your agreement and completion of these enrollment forms.

X

Participant Signature

Date

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.

After you have completed this form, please mail it to the Wesleyan Pension Fund Inc at the address above. A letter will be sent to you with instructions on how to access your 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 allocated to the Moderate Option. You may change your allocation at any time.

Serving HIM for your benefit!



Investment options in the plan are not insured nor guaranteed by the Wesleyan Pension Fund Inc, any bank, the Federal Deposit Insurance Corporation or any other government agency. Investment in the funds involves investment risk, including the possible loss of the principal amount invested. The funds have not been approved or disapproved by the Securities Exchange Commission or any state regulatory authority. Please order and read the fund's prospectus very carefully before investing.



PO Box 50434
Indianapolis, Indiana 46250
800.595.4131
317.774.3955 FAX
wpf@wesleyan.org
www.wesleyanpensionfund.com

BENEFICIARY FORM

PARTICIPANT

Please print or type

Last Name _____ First Name _____ Middle Initial _____

Social Security # _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip Code _____

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