



REMITTANCE FORM

DATE EFFECTIVE—for the Month(s) of:						
EMPLOYER (church & district or related entity)	SOCIAL SECURITY NUMBER (last four digits only)	LAST NAME	FIRST NAME	EMPLOYER CONTRIBUTION (ER)	EMPLOYEE CONTRIBUTION (salary reduction) (EE)	TOTAL CONTRIBUTION
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
CHECK TOTAL:						\$

Your cancelled check or money receipt will be construed as evidence of payment. Mail this form with your check. Please do not cut, staple or tape the form or check. Please use a tri-fold and mail in a #10 business envelope to:

WESLEYAN PENSION FUND INC
PO BOX 50434
INDIANAPOLIS, INDIANA 46250

We'd like you to consider one of the following options:

ONLINE PAYMENT OPTION: For this option, please visit our website, www.wesleyanpensionfund.com, and you'll see the **Online Payment System** with a link to the *First Time Users* setup page (and *Returning Users*). Once the initial setup is complete—you've established security, added the member name, social security number, payment amount, bank account and established frequency—you can let the system process your payments. You also receive confirmation emails when the payments are processed. You can even add the voluntary salary reduction contributions! *No more checks—envelopes—postage—remittance slips—mailings—or errors!*

EXCEL WORKBOOK OPTION: If you prefer sending checks or use a bank's bill-pay service, we have an option to use an Excel workbook for your employee transactions. The form is found on the WPF website, under **FORMS**, called: **Import Transaction Workbook** and can be emailed to us at wpf@wesleyan.org when your check is mailed. AND, for security purposes, only the last four digits of the employee social security number is required! It can be saved to your computer and reused each time you send your pension check or at the time of your bill-pay distribution.

Please take advantage of these great ways to save you time and expense—and it helps us, too! Contact us with any questions about either of these options!