

403(b) Contribution Planner®—Input Instruction

These instructions and the accompanying input form are designed to help you provide detailed information for Wespath Benefits and Investments (Wespath) to compute the maximum amount your employer may contribute on your behalf this year to a retirement plan such as the Clergy Retirement Security Program (CRSP), United Methodist Personal Investment Plan (UMPIP) and/or Retirement Plan for General Agencies (RPGA). As an employee, you may have the ability to make before-tax, Roth or after-tax contributions to UMPIP, subject to the various Internal Revenue Service (IRS) rules and regulations.

Complete all of the items on the input form to ensure a correct calculation.

Wespath cannot provide tax or legal advice to our participants. We suggest that you review the results of the limitation testing that will be mailed to you with your personal tax adviser. Wespath is not responsible for the results of the calculation provided to you, or any tax liabilities that may occur.

Part 1 – Participant and Employer Information

Line 1: Your name, Social Security number and birth date—Provide your full name, Social Security number and birth date.

Line 2: Tax year being calculated—Contributions made by an individual participant should be based on his or her own personal tax filing period. For most individuals, this period is from January 1 through December 31. Any information provided should be based on tax year provided.

Line 3: Additional income from other related employment—If you are currently receiving any income from self-employment and you are considered to own or control more than 50% of the employer, include that income on line 3. In addition, if you are receiving income from an employer(s) that is related to the employer offering the Wespath-administered plan, you need to include that income on line 3.

Line 4: Employment status with the employer offering the 403(b) plan—Indicate your current employment status for your current employer: full-time, part-time or partial year. If you are only working part-time or for part of the current year, indicate the amount of time you are working or will be working during the current year.

Part 2 – Benefit Plans

Line 1: Special 15-year catch-up—If you earn at least 15 years of service during or before this tax year, you might be able to exceed the standard before-tax/Roth contribution limit. If at any time in a previous year you exceeded the standard limit, indicate the amount here. You can potentially exceed the standard before-tax/Roth contribution limit by a maximum of \$3,000 per year, or \$15,000 in your lifetime, according to specific guidelines. The standard before-tax/Roth contribution limit is \$19,000 for 2019, or \$25,000 if you will be 50 or older in 2019.

Line 2: Special Church Plan, \$10,000 limit—Church plan participants have a special catch-up provision under Code section 415(c) (7) that allows them to have total annual additions (all employee and employer contributions) of up to \$10,000 per year. There is a lifetime maximum of \$40,000 under this special provision. Indicate on line 2 if you have used this special provision and how much of your \$40,000 lifetime maximum has already been used.

Line 3: Other before-tax or Roth contributions—If you are making or have made any before-tax or Roth contributions this year to another Code section 403(b) plan not administered by Wespath, or are making or have made any before-tax or Roth contributions to another type of retirement plan [e.g., 401(k), SIMPLE IRA, or SIMPLE 401(k)], indicate those amounts on line 3. Your before-tax and/or Roth contributions during the year to all plans with all employers cannot exceed \$19,000 in 2019 (or \$25,000 if you will be 50 or older in 2019). If you have at least 15 years of denominational service, and you are eligible for the special catch-up provision, you may be able to make additional before-tax or Roth contributions.

403(b) Contribution Planner®—Input

Part 1 – Participant and Employer Information

- Participant name _____ Birth date _____
Social Security # (last 4 digits) _____ Daytime phone # (_____) _____
 - Tax year being calculated _____
 - In addition to the employer offering this Code section 403(b) plan, I also earn income from (check any that apply):
 - Self-employment (any employer of which you own more than 50%)
Income from self-employment (all employers you control): \$ _____
 - Employer(s) related to the employer offering this Code section 403(b) plan
Income from other employers related to this one: \$ _____
 - Employment status with the employer offering the Code section 403(b) plan (check all that apply):
 - Full time
 - Part time—Percentage worked _____%
 - Working for the full tax year being calculated
 - Working for only part of the year being calculated: Percentage of year worked _____%
 - Permanently and totally disabled
 - Retired for the entire year
-

Part 2 – Benefit Plans

- Special elective deferral limit for long-term employees with 15 years of service within the denomination (check one):
 - I exceeded the standard limit in a previous year and used a portion of the lifetime limit.
Amount previously used over lifetime: \$ _____ (\$15,000 lifetime limit)
 - I have not used any portion of the lifetime limit.
- Special Code section 415 limit for church employees (\$10,000 catch-up provision) (check one):
 - I exceeded the standard limit in a previous year and used a portion of the lifetime limit.
Amount previously used over lifetime: \$ _____ (\$40,000 lifetime limit)
 - I have not used any portion of the lifetime limit.
- All other before-tax or Roth contributions to retirement plans this year (not including the plans administered by Wespath Benefits and Investments or IRS Code 457 plans) (check one):
 - I made before-tax or Roth contributions to retirement plans this year.
All other before-tax or Roth contributions to retirement plans this year: \$ _____
 - I have not made before-tax or Roth contributions to retirement plans this year.

Part 3 – Signature

The information that I have provided to Wespath Benefits and Investments is correct and true as stated.

Participant's signature _____ Date _____

Please complete this form and send it by:

- E-mail (scanned copy) to **pateam@wespath.org**,
- Fax to **1-847-866-5191**, or
- Mail to Wespath Benefits and Investments
Pension Administration Team
1901 Chestnut Avenue
Glenview, IL 60025-1604

Be sure to keep a copy for your records.