



Incoming Rollover

United Methodist Personal Investment Plan (UMPIP)

Part 1 – Participant Information

Name _____ Social Security # _____
 Mailing address _____ Primary phone # () _____
 _____ E-mail _____
 Country of citizenship _____

Part 2 – Rollover Request

Prior to submitting this form to Wespath Benefits and Investments (Wespath), you should contact the financial institution or your former employer (if applicable) to determine whether any additional forms are required or if any fees will be assessed on your distribution.

1. Select the rollover type:

- Direct rollover from the prior account
- Not a direct rollover, but funds are being rolled over within 60 days of receipt from the prior account. Please call Wespath at **1-800-851-2201** for further instructions.

2. Select rollover amount:

- Full rollover of entire cash value of prior account balance (liquidate all funds).
- Partial rollover in the cash value amount of \$_____.

3. Prior account information (please print):

Name of plan administrator or trustee _____
 Name of prior plan (if applicable) _____
 Mailing address _____ Prior account # _____
 _____ Approximate account value \$ _____
 Phone # () _____

Part 3 – Participant Signature

I want to roll over an eligible rollover distribution from my prior account to UMPIP, which is administered by Wespath. I authorize the partial or complete liquidation of my prior account as necessary to process the rollover I have requested in Part 2.

Mail this original completed form, a copy of your most recent prior account statement and any completed forms required by your prior employer or financial institution to Wespath at the address above. Wespath will forward your request to the financial institution along with a letter of acceptance.

Participant signature _____ Date _____