



Enrollment—Information and Instructions

INFORMATION

This form allows you to enroll in retirement and welfare plans administered by Wespath. To participate in these plans, complete parts 1 through 4 of this form and submit the form to your plan sponsor or employer. You will be enrolled in all of the retirement and welfare plan(s) for which you are eligible.

INSTRUCTIONS

Part 1—Personal Information

Complete the PDF version of this form electronically or use a black pen and print clearly in CAPITAL LETTERS.

Part 2—Contribution Election

This section enables you to elect the percentage or dollar amount you wish to contribute by payroll deduction to the Personal Investment Plan (PIP) or the Horizon 401(k) Plan (Horizon) as before-tax, Roth and/or after-tax contributions. You can specify the amount either as a:

- Percentage of compensation **OR**
- Dollar amount

PIP and Horizon are subject to contribution limits under the Internal Revenue Code. Your total before-tax and Roth contributions for the year to PIP or Horizon (and any other qualified retirement plans) cannot exceed the lesser of your compensation or the 2024 limit of:

- \$23,000 if you are under age 50 with less than 15 years of service
- \$30,500 (includes \$7,500 “catch-up” contribution) if you will be 50 or older by December 31 with less than 15 years of service
- Possibly higher if you have at least 15 years of service within your denomination—call Wespath for further information.

Your total before-tax, Roth and after-tax contributions (but not including “catch-up” contributions), plus any plan sponsor contributions to Wespath administered plans (and any contributions made to other plans sponsored by your plan sponsor) cannot exceed your compensation for the 2024 plan year or \$69,000, whichever is less.¹

For these limit purposes, compensation does not include the value of any parsonage or housing allowance that is excluded from your taxable income.

You cannot withdraw contributions unless you have a financial hardship as defined under the plan, attain age 59½, are disabled as defined under the plan, retire, terminate employment and/or you are a clergy person and terminate your relationship with your denomination.

Part 2a—Before-Tax Contribution

Indicate the percentage or dollar amount that you elect to have withheld from your compensation as a before-tax contribution and contributed to PIP or Horizon. Your compensation (including the value of any parsonage or housing allowance) will be reduced **before withholding taxes are calculated**. When you receive distributions from PIP or Horizon, your before-tax contributions and earnings will be taxable.

Automatic Enrollment

If your plan sponsor has adopted automatic enrollment, review the *Automatic Enrollment Notice* provided by your plan sponsor to determine if this feature applies to you. If you have been automatically enrolled in PIP and wish to change your before-tax contribution election, or if you are about to be automatically enrolled and wish to make a before-tax contribution election that is different than the automatic contribution rate described in the *Automatic Enrollment Notice*, indicate that election on the form.

Automatic Contribution Escalation

If your plan sponsor has elected automatic contribution escalation, review the *Automatic Enrollment Notice* provided by your plan sponsor to determine your eligibility for this feature and learn how it works. Check the box to indicate whether you elect to have automatic contribution escalation apply to your before-tax contributions. If you do not make an election and are eligible for automatic contribution escalation, this feature will be applied to your contributions as the default election.

¹ If your plan sponsor offers plans other than those administered by Wespath, the total contributions for all plans to the same plan type [e.g., 403(b), 401(k)] cannot exceed the IRS limits. Call Wespath for assistance regarding these limits.

Part 2b—Roth Contribution

Indicate the percentage or dollar amount that you elect to have withheld from your compensation as a Roth contribution and contributed to PIP or Horizon. Your compensation (including the value of any parsonage or housing allowance) will be reduced **after withholding taxes are calculated**. When you receive distributions from PIP or Horizon, your qualified Roth distributions are non-taxable. See the *Roth Contribution Guide* at wespath.org/roth for more information.

Part 2c—After-Tax Contribution (not available in Horizon)

Indicate the percentage or dollar amount that you elect to have withheld from your compensation as an after-tax contribution and contributed to PIP. Note that in most cases a Roth contribution will be more beneficial for a participant than an after-tax contribution. See the *Roth Contribution Guide* at wespath.org/roth for more information. Your compensation (including the value of any parsonage or housing allowance) will be reduced **after withholding taxes are calculated**. When you receive distributions from PIP, your after-tax contributions are non-taxable but earnings are taxable.

Part 3—Investment Election

This section enables you to specify how you want to invest your defined contribution (DC) account balances. You may either:

- Elect LifeStage Investment Management to automate the investment of your account balances, or
- Choose among Wespath investment funds for your accounts.

If you do not make any elections in Part 3, Wespath will invest your contributions using LifeStage Investment Management. LifeStage Investment Management is an investment management service that determines your investment fund allocation based on your answers to the LifeStage Personal Investment Profile (see Part 3b). You may discontinue using the service and choose among Wespath investment funds at any time; however, you may be subject to a 60-day waiting period in accordance with Wespath's policy on interfund transfers.

Consider an investment's objectives, risks and expenses carefully before making your selection. This and other important information is available in the *Understanding Your Investment Options* brochure and the *Investment Funds Description*. Go to wespath.org—under **Retirement & Investments**, choose "**Publications & Reports**."

If eligible, you may contact EY Financial Planning Services at **1-800-360-2539** for investment allocation guidance at no additional cost.²

Part 3a—LifeStage Investment Management Election

Indicate whether you would like to:

- Enroll in LifeStage Investment Management to automate your investment elections (complete 3b and SKIP 3c), or
- Choose your own investment fund elections (SKIP 3b and complete 3c)

Part 3b—LifeStage Personal Investment Profile

Answer the questions displayed so that Wespath can direct the investment of your account through LifeStage Investment Management. If you elect the service and do not complete this profile, the default elections for each question will be used.

1. Choose your risk tolerance. Risk tolerance is defined at wespath.org/r/risktolerance.
2. Indicate whether you expect to receive Social Security in retirement. Most people are eligible unless they have not worked the required number of quarters and/or have opted out.

You may change these variables as often as you wish. Refer to the *Understanding Your Investment Options* brochure.

Part 3c—Investment Election

Complete only if you elected to self-manage the investment of your account(s) in Part 3a. If you do not complete this section, your accounts will be managed by LifeStage Investment Management. Indicate your investment fund election for **future contributions** to your retirement accounts. Investment elections must be entered in 1% increments.

Part 4—Participant Signature

Read and, if you agree, sign and date the form. Then return all pages of the form to your conference, church or employer. Keep a copy for your records.

IMPORTANT: Designate your beneficiary(ies) online as soon as you are enrolled. A beneficiary receives plan benefits, if any, after you die or if you cannot be located when a benefit is payable. When you receive your *Welcome Letter* from Wespath, register for Benefits Access at benefitsaccess.org. After logging in, select "**Profile**" from the toolbar, then choose "**Manage Beneficiaries**." For important information regarding beneficiary designations, go to wespath.org/r/beneficiaries.

Part 5—Employment Information—To be completed by your plan sponsor

Part 6—Plan Sponsor Information—To be completed by your plan sponsor

If you are the plan sponsor representative responsible for retirement benefits, you must have another authorized plan sponsor representative or clergy sign and date this form.

² EY Financial Planning Services are available to active participants and surviving spouses with account balances, and to retired and terminated participants with account balances of at least \$10,000. Costs for EY Financial Planning are included in Wespath's operating expenses that are paid for by the funds.



Enrollment

Part 1—Personal Information

Participant name _____	Primary phone # (____) _____
Home address _____	Alternate phone # (____) _____
City, State, ZIP _____	Country of citizenship _____
E-mail _____	Spouse name _____
Social Security # ____-____-____	Spouse Social Security # ____-____-____
Birth date ____/____/____	Spouse birth date ____/____/____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marriage date ____/____/____

Part 2a – Before-Tax Contribution

Review the Instructions for important information about automatic enrollment and automatic contribution escalation.

Choose one:

- ☐ **Percentage of compensation:** _____ % of compensation
- ☐ **Dollar amount:** \$ _____ per month (cannot exceed your monthly compensation)
- ☐ I elect **not** to make before-tax contributions (*Skip to Part 2b*)

Automatic Contribution Escalation

Choose one if this feature applies to you—see Instructions:

- ☐ I elect to have automatic contribution escalation apply to my before-tax contributions (default)
- ☐ I elect **not** to have automatic contribution escalation apply to my before-tax contributions
-

Part 2b – Roth Contribution

Choose one:

- ☐ **Percentage of compensation:** _____ % of compensation
- ☐ **Dollar amount:** \$ _____ per month (cannot exceed your monthly compensation)
- ☐ I elect **not** to make Roth contributions (default)
-

Part 2c – After-Tax Contribution (not available in Horizon)

Choose one:

- ☐ **Percentage of compensation:** _____ % of compensation
- ☐ **Dollar amount:** \$ _____ per month (cannot exceed your monthly compensation)
- ☐ I elect **not** to make after-tax contributions (default)

Part 3—Investment Election

Part 3a—LifeStage Investment Management Election

Choose one:

- ☐ I elect **LifeStage Investment Management** to manage my defined contribution accounts (default). **(Complete Part 3b and SKIP Part 3c.)**
- ☐ I elect to choose the investment funds for my defined contribution accounts. **(SKIP Part 3b and complete Part 3c.)**

Part 3b—LifeStage Personal Investment Profile

1. My risk tolerance is: ☐ Conservative ☐ Moderate (*default*) ☐ Aggressive
Definitions available at wespath.org/r/risktolerance.
2. I will qualify to receive Social Security benefits when I retire: ☐ Yes (*default*) ☐ No

Part 3c—Investment Election

If you have no "election for future contributions" on file, your accounts will be managed by LifeStage Investment Management.

Funds	Election for Future Contributions
Stable Value Fund	%
U.S. Treasury Inflation Protection Fund	%
Inflation Protection Fund	%
Social Values Choice Bond Fund	%
Fixed Income Fund	%
Extended Term Fixed Income Fund	%
Multiple Asset Fund	%
U.S. Equity Fund	%
U.S. Equity Index Fund	%
Social Values Choice Equity Fund	%
International Equity Fund	%
Total	100 %

Part 4—Signature

I have read the instructions, and understand and accept the actions I have taken with this *Enrollment* form. I acknowledge that:

- The indicated before-tax, Roth and/or after-tax contributions will be withheld from my pay and contributed to my PIP or Horizon account.
- If my plan sponsor has elected automatic contribution escalation and I am eligible for the escalation, my before-tax contribution percentage will increase each year up to a maximum percentage as specified in the **Automatic Enrollment Notice**, unless I elected not to have automatic contribution escalation apply to my before-tax contributions in Part 2a.
- I cannot withdraw contributions from PIP or Horizon unless I have a financial hardship as defined under PIP or Horizon, attain age 59 ½, am disabled as defined under PIP or Horizon, retire, terminate employment and/or I am a clergyperson and terminate my relationship with my denomination. (These limitations do not apply to funds rolled into PIP and Horizon.)
- The contribution election in Part 2 will remain in effect with my current plan sponsor/salary-paying unit until I submit a new *Contribution Election* form.
- I have read and understand the *Understanding Your Investment Options* brochure and the *Investment Funds Description* and have considered the objectives, risks and expenses carefully before making investment elections.
- I may be eligible to contact EY Financial Planning Services for investment allocation guidance at no additional cost (see Instructions).
- I understand that I can designate beneficiary(ies) for my account(s) online at **benefitsaccess.org** when I am enrolled.

Print Name _____

Signature _____ Date _____

Complete Parts 1-4 and return all pages of the form to your conference, church or employer. Keep a copy for your records. Be sure to designate your beneficiaries online once you receive your enrollment Welcome Letter.

The remainder of this form is to be completed by the Plan Sponsor

Part 5—Employment Information

Church/employer name _____ Church/Employer # _____

Address _____ Conference _____

City, State, ZIP _____ Phone # _____

Part 5a - Complete this section for Clergy

Date of appointment/hire _____

☐ Full-time service ☐ ¾ time service ☐ ½ time service ☐ ¼ time service

Compensation

1. Cash Salary: \$ _____

(Cash paid to clergy person by the church/charge and/or conference. Cash salary consists of base pay, cash bonuses, equitable compensation, cash allowances, cash to clergy person for benefit programs, before-tax, Roth and after-tax contributions to PIP and other 403(b) programs, Section 125 medical reimbursement and designated housing exclusion.)

Do not include cash allowances provided in lieu of parsonage or conference-provided group health plan or conference-provided group health plan.

IRC Section 107 Housing Exclusion: \$ _____

(Amount included in Cash Salary above that has been designated by the charge conference for housing expenses and not subject to federal income taxation.)

Health Care Compensation: \$ _____

(Compensation in lieu of conference-provided group health plan.)

This amount should not be included in Cash Salary above.

2. Housing (check only one):

☐ Parsonage provided

☐ Housing allowance in lieu of parsonage: \$ _____

This amount should not be included in Cash Salary above.

Part 5b - Complete this section for Lay Employees

Date of employment _____

Number of hours regularly worked per week as of date of employment: ☐ 30 or more ☐ 20 - 29.9 ☐ less than 20

Annual compensation as of date of employment \$ _____

☐ Open bill*

Complete this section only if employee's work schedule has changed since date of employment.

Effective date of employee schedule change _____

New hours regularly worked per week: ☐ 30 or more ☐ 20 - 29.9 ☐ less than 20

Annual compensation \$ _____

☐ Open bill*

*Check this box if the participant is hourly and you do not want us to use this compensation for contribution calculation purposes. If this box is checked, we will use compensation only for retirement income projections; therefore, you may enter any reasonable approximation of annual compensation (e.g., base pay or average earned pay).

Part 6—Plan Sponsor Information

Authorized representatives completing the form for themselves must have another authorized representative or clergy complete Part 6.

Effective date of participant contributions elected in Part 2: _____ 1, 20____.

This date should be the first day of a month on or after the participant signed this form in Part 4.

Authorized representative _____ Title _____

Authorized signature _____ Date _____

E-mail _____ Phone # _____

If you are **NOT** completing this document online, please complete it and return to Wespath by one of the following methods:

- E-mail (scanned copy) to **customersolutionsteam@wespath.org**,
- Fax to **1-847-866-5195**, or
- Mail to: Wespath Benefits and Investments
 Attention: Customer Solutions
 1901 Chestnut Avenue, Glenview, IL 60025-1604

The plan sponsor/salary-paying unit should keep the original form for its payroll records.

Be sure to keep a copy for your records.

This form includes and/or is requesting personally identifiable information (PII) and/or protected health information (PHI). You are encouraged to make elections and beneficiary designations online at **benefitsaccess.org**. When possible, managing your benefits online is the recommended approach to keep your PII and PHI safe and secure.