



Contribution Election

Puerto Rico Personal Investment Plan (PRPIP)

Part 1 – Participant Information

Name _____ Social Security # (last 5 digits) _____
Mailing Address _____ Primary phone # (_____) _____
Country of Citizenship _____ E-mail _____
☐ Clergy
☐ Lay
☐ Bishop

Part 2 – Maximum Contribution Amount

Your total before-tax contributions for the year to PRPIP (and any other qualified retirement plan) cannot exceed the lesser of your cash salary or the annual limit (\$15,000 for 2025). If you are age 50 or older by December 31, 2025, your total before-tax contributions cannot exceed the lesser of your cash salary or \$16,500 for 2025. After-tax contributions to PRPIP generally cannot exceed 10% of your compensation.

Your total before-tax and after-tax contributions, plus any plan sponsor contributions to PRPIP (and any other qualified retirement plan sponsored by your plan sponsor), cannot exceed your compensation for the plan year or \$70,000 (for 2025), whichever is less. For this purpose, compensation includes the value of any parsonage or housing allowance.

Part 3 – Before-Tax Contribution

Indicate the dollar amount or percentage that you elect to have withheld from your compensation and contributed to PRPIP. For this purpose, compensation includes the value of any parsonage or housing allowance. Note that your compensation will be reduced before withholding taxes are calculated. At the time of distribution from PRPIP, your before-tax contributions and earnings are taxable. Maximum contribution amounts are outlined in Part 2.

Choose one:

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

Part 4 – After-Tax Contribution

Indicate the dollar amount or percentage that you elect to have withheld from your compensation and contributed to PRPIP. For this purpose, compensation includes the value of any parsonage or housing allowance. Note that your compensation will be reduced after withholding taxes are calculated. At the time of distribution from PRPIP, your after-tax contributions are non-taxable and earnings are taxable. Maximum contribution amounts are outlined in Part 2.

Choose one:

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

Part 5 – Participant Signature

You cannot withdraw contributions from PRPIP unless you have a financial hardship as defined under PRPIP, attain age 59½, are disabled as defined under PRPIP, retire, terminate employment and/or terminate your relationship with the annual conference.

Requested effective date of this contribution _____

This agreement will remain in effect with your current plan sponsor until you complete a new form.

Signature _____ Date _____

Part 6 – Acceptance by the Plan Sponsor/Salary-Paying Unit

Effective date of this contribution _____ 1, 20 ____.

This date must be the first day of a month on or after the participant signed this form.

Plan sponsor name _____ Employer # _____

Plan sponsor address _____ Phone # (____) _____

Authorized representative _____ Title _____

Authorized signature _____ Date _____

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

Email scanned copy to: customersolutionsteam@wespath.org

Fax to: 1-847-866-4635 or

Mail to: Wespath Benefits and Investments
Attention: Active Benefits
1901 Chestnut Avenue
Glenview, IL 60025-1604

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.