



PO Box 50434
Indianapolis, Indiana 46250
800.595.4131
317.774.3955 FAX

ROLLOVER DECLARATION

1. PERSONAL INFORMATION

Plan Sponsor Name: Wesleyan Pension Fund Inc..... Plan ID: 4-47487

Participant's Name _____ Social Security Number _____

Date of Birth _____ Date of Employment _____

Email Address _____

2. INVESTMENT ELECTION

Table with 3 columns: Investment Options, Percentage, and instructions. Includes rows for selecting investment percentages.

3. ROLLOVER INFORMATION

Prior Plan Administrator or Financial Institution:

The assets rolled over into this plan result from a distribution from a (please check one):

- 401(a) Qualified Plan (pre-tax contributions)
IRA* (pre-tax contributions)
Governmental 457 Plan
SIMPLE IRA
Simplified Employee Pension Plan (SEP)
403(b) Plan

Amount of Pre-Tax Distribution
\$ _____

*After tax contributions from an IRA may not be rolled to an employer plan.

The investment direction selected on this form applies only to your rollover contribution.

★ CHECKS PAYABLE TO:

Delaware Charter Guarantee & Trust Co
FBO: Name & last four digits of SSN

4. SIGNATURES

I may deposit only money allowed under my current plan. I have verified with my current employer that these funds can be deposited according to plan provisions. By signing below, you declare this information correct.

X

Participant Signature

Based on the information above, this contribution is acceptable according to the plan provisions and directs Delaware Charter Guarantee & Trust as Trustee for Wesleyan Pension Fund/Principal Financial Group customers to accept the enclosed amount as a rollover contribution.

Date

WPF Representative

Date

Complete all four sections of the form and return one of two ways:
By Fax: 317.774.3955
By Mail: PO Box 50434, Indianapolis, IN 46250
It is not necessary that the check accompany the Declaration Form

Be sure checks are made payable to:
Delaware Charter Guarantee & Trust Company
FBO: Participant Name and last four digits of Social Security Number