



Waiver of Participation—United Methodist Personal Investment Plan (UMPIP)

Part 1 – Participant Information

Name _____ Primary phone # () _____
 Home address _____ Alternate phone # () _____
 _____ Spouse name _____
 Country of citizenship _____ Spouse Social Security # _____
 Social Security # _____ Spouse birth date _____
 Birth date _____ Marriage date _____
 Gender: Male Female Date of employment _____

Annual compensation* _____

*Please indicate "open" as compensation for hourly employees.

Parsonage provided Housing allowance amount, if any: \$ _____
 (Do not include this amount in annual compensation.)

Part 2 – Waiver of Participation

Beginning _____ (effective date*), I hereby elect not to participate in the United Methodist Personal Investment Plan (UMPIP), administered by Wespath Benefits and Investments. I understand that because of this election, no participant or plan sponsor contributions will be remitted to this plan by my plan sponsor on my behalf for the period for which I waived participation. This waiver is binding on me, my heirs, my personal representatives and all other persons who might otherwise claim benefits because of my participation in the plan.

I cannot waive participation for any period prior to the effective date of this waiver, and I may revoke this waiver at any time.

* The effective date must be the first of a month or your appointment date.

Part 3 – Participant Signature and Notarization

Participant signature _____ Date _____

Sworn before me on this _____ day of _____, 20 _____

Signature of notary _____ Seal _____

Participant: After completion, please provide the original signed and notarized form to your plan sponsor (employer or conference) no later than 60 days following the effective date of the waiver.

(over)

Part 4 – Plan Sponsor (Employer or Conference) Signature

Plan sponsor name _____ Employer # _____

Plan sponsor address _____ Phone # () _____

Plan sponsor signature _____ Date _____

Print name _____ Title _____

Plan sponsor: Upon receipt, please verify, sign and date the form no later than 60 days following the effective date of the waiver. Please mail this completed form to Wespeth Benefits and Investments, 1901 Chestnut Avenue, Glenview, Illinois 60025-1604. Be sure to keep a copy for your records. Or you may fax it to **1-847-866-5195**.