Wespath
BENEFITS | INVESTMENTS

1901 Chestnut Avenue
Glenview, Illinois 60025-1604
wespath.org

Enrollment — New Life Personal Investment Plan

Section 1 - This section of the form is to be completed by the participant

Part 1 A—Your Personal Information

Participant name _____ Primary phone # (_____) _____

Home address _____ Alternate phone # (_____) _____

City, State, ZIP _____ Country of citizenship _____

E-mail _____ Birth date _____/_____/_____

Social Security # _____ _____ _____-_____ _____-_____ _____ _____ _____ Gender: ❑ Male ❑ Female

Part 1 B—Your Spouse's Information

Spouse's name _____ Birth date _____/_____/_____

Social Security # _____ _____ _____-_____ _____-_____ _____ _____ _____ Marriage date _____/_____/_____

Part 2—Plan Investments

Under the plan terms, LifeStage Investment Management is the default investment with a moderate risk tolerance. Participants can change this election after enrollment in the plan. To understand this default investment election and other options available to you, you should read the *Understanding Your Investment Options brochure* and the *Investment Funds Description.*

Part 3—Signature

Print Name _____

Signature _____ Date _____

Complete all information in Section 1, sign the form and forward to your Episcopal District Representative.

Section 2 - This section of the form is to be completed by the Episcopal District Representative

Episcopal District_____ Annual Conference Name _____

Local Church Appointment (including address)_____

_____

Position: ❑ Bishop ❑ General Officer ❑ Presiding Elder ❑ Reverend

Participant's date of employment _____

District Representative (print name) _____ Title _____

Distsrict Representative signature _____ Date _____

E-mail _____ Phone # (_____)_____

Complete this form and send to:

AME Church Department of Retirement Services
PO Box 1857
Memphis, TN 38101-1857

Fax: 800-992-5285
Email address: executivedirectordrs@gmail.com

The District Representative should keep the original form for the office's records.

Principal Life Insurance Company

African Methodist Episcopal Church Employee Enrollment Application

SECTION TO BE COMPLETED BY GROUP PLANHOLDER

NAME OF GROUP	ACCOUNT NUMBER		UNIT NUMBER
African Methodist Episcopal Church	1034517		1
GROUP'S STREET ADDRESS	CITY	STATE	ZIP
280 Hernando Street Suite 300	Memphis	TN	38126
EMPLOYER COUNTY	MEMBER'S OCCUPATION / CLASS		DATE OF HIRE
Shelby			
HOURS WORKED PER WEEK	YEARLY SALARY		REASON FOR ENROLLMENT
	$		☐ NEW COVERAGE
			☐ FAMILY STATUS CHANGE

MEMBER PERSONAL INFORMATION

NAME (PLEASE PRINT) (FIRST, MIDDLE, LAST)			SSN		DATE OF BIRTH
MAILING ADDRESS (STREET)			☐ MALE	HOME PHONE	
			☐ FEMALE	CELL PHONE	
(CITY)	(STATE)	(ZIP)	EMAIL ADDRESS		

MARITAL STATUS *(Check One)*				US CITIZEN		SMOKER		LIFE INSURANCE OPTION *(Check one):*	
☐	MARRIED	☐	DIVORCED	☐ YES	☐ NO	☐ NO	☐ YES	PARTICIPANT ONLY	
☐	SINGLE	☐	WIDOWED					PARTICIPANT & SPOUSE	

ELIGIBLE DEPENDENT INFORMATION

IF APPLYING FOR DEPENDENT SPOUSE COVERAGE COMPLETE SECTION BELOW

SPOUSE NAME (FIRST, MIDDLE, LAST)	GENDER		SPOUSE DATE OF BIRTH
	☐ MALE	☐ FEMALE	
SPOUSE SOCIAL SECURITY NUMBER			

BENEFICIARY DESIGNATION

(All primary and contingent beneficiaries, should be included in the beneficiary designation below)

PRIMARY BENEFICIARIES			
NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH	RELATIONSHIP	PERCENTAGE
ADDRESS *(street, city, state, zip)*		SOCIAL SECURITY NUMBER	
NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH	RELATIONSHIP	PERCENTAGE
ADDRESS *(street, city, state, zip)*		SOCIAL SECURITY NUMBER	
CONTINGENT BENEFICIARIES			
NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH	RELATIONSHIP	PERCENTAGE
ADDRESS *(street, city, state, zip)*		SOCIAL SECURITY NUMBER	
NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH	RELATIONSHIP	PERCENTAGE
ADDRESS *(street, city, state, zip)*		SOCIAL SECURITY NUMBER	

The person signing below declares that all the information given in this enrollment form is true and complete to the best of his/her knowledge and belief.

The person signing below understand these statements are the basis of any insurance issued.

The member declares that he or she is actively at work on the date of this enrollment form.

MEMBER SIGNATURE

Warning: It is a crime to provide false, misleading or incomplete information to an insurance company for the purpose of defrauding the company or any other person. Penalties include imprisonment and/or fines and denial of insurance benefits.

(X) _____ (SIGNATURE)

(X) _____ (DATE)