



North Carolina Conference  
The United Methodist Church  
Office of the Treasurer – Business Administrator – Pension Officer  
700 Waterfield Ridge Place  
Garner, NC 27529

## **Contribution Election – Information and Instructions**

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### United Methodist Personal Investment Plan (UMPIP)

#### **INFORMATION**

This form allows you to elect to make before-tax, Roth and/or after-tax contributions to your United Methodist Personal Investment Plan (UMPIP) account.

UMPIP is a 403(b) plan, subject to contribution limits under the Internal Revenue Code. Your total before-tax and Roth contributions for the year to UMPIP (and any other qualified retirement plans) cannot exceed the lesser of your compensation or the 2018 limit of:

- \$18,500 if you are under age 50 with less than 15 years of service
- \$24,500 (includes \$6,000 “catch-up” contribution) if you will be 50 or older by December 31
- Possibly higher if you have at least 15 years of service with all United Methodist-related organizations – 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 UMPIP [and any other 403(b) plans sponsored by your plan sponsor] cannot exceed your compensation for the 2018 plan year or \$55,000, whichever is less.

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 from UMPIP unless you have a financial hardship as defined under UMPIP, attain age 59 ½, are disabled as defined under UMPIP, retire, terminate employment and/or terminate your relationship with the annual conference.

#### **INSTRUCTIONS**

##### **Part 1 – Personal Information**

Complete your personal information. Use a black pen and print clearly in CAPITAL LETTERS. If you enter a new address that should be used to update your participant record, contact Wespath at **1-800-851-2201**.

##### **Part 2 – Before-Tax Contribution**

Your plan sponsor has adopted automatic enrollment. Review the *Automatic Enrollment Notice* to determine if this feature applies to you. If you have been automatically enrolled in UMPIP 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 the dollar amount or percentage that you elect to have withheld from your compensation as a before-tax contribution and contributed to UMPIP.

Your compensation (including the value of any parsonage or housing allowance) will be reduced before withholding taxes are calculated. When you receive distributions from UMPIP, your before-tax contributions and earnings will be taxable.

### **Part 3 – Roth Contribution**

Indicate the dollar amount or percentage that you elect to have withheld from your compensation as a Roth contribution and contributed to UMPIP.

Your compensation (including the value of any parsonage or housing allowance) will be reduced after withholding taxes are calculated. When you receive distributions from UMPIP, your qualified Roth contributions are non-taxable. See the *Roth Contribution Guide* at [wespath.org/assets/1/7/4834.pdf](http://wespath.org/assets/1/7/4834.pdf) for more information about the tax implications of Roth account distributions.

### **Part 4 – After-Tax Contribution**

Indicate the dollar amount or percentage that you elect to have withheld from your compensation as an after-tax contribution and contributed to UMPIP.

Your compensation (including the value of any parsonage or housing allowance) will be reduced after withholding taxes are calculated. When you receive distributions from UMPIP, your after-tax contributions are non-taxable but the earnings on those contributions are taxable.

### **Part 5 – Signature**

Read the statement and, if you agree, sign and date the form. Then, return it to your employer or plan sponsor. Keep a copy of the submitted form for your records.

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

Your plan sponsor must sign and date this form and return it to Wespath as indicated.



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### **Contribution Election**

United Methodist Personal Investment Plan (UMPIP)

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#### **Part 1 – Personal Information**

Name \_\_\_\_\_

Social Security # XXX-XX- \_\_\_ \_\_\_ \_\_\_

Mailing address \_\_\_\_\_

Primary phone # \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

Country of citizenship \_\_\_\_\_

Clergy

Lay

Bishop

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#### **Part 2 – 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

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#### **Part 3 – 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

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#### **Part 4 – After-Tax Contribution**

**Choose one:**

**Percentage of compensation:** \_\_\_\_\_% of compensation

**Dollar amount:** \$\_\_\_\_\_ per month (cannot exceed your monthly compensation)

I elect **not** to make after-tax contributions

**Part 5 – Participant Signature**

I have read the instructions, and understand and accept the actions I have taken with this Contribution Election. I acknowledge that:

- The indicated before-tax, Roth and/or after-tax contributions will be withheld from my pay and contributed to my UMPIP account.
- I cannot withdraw contributions from UMPIP unless I have a financial hardship as defined under UMPIP, attain age 59 1/2, am disabled as defined under UMPIP, retire, terminate employment and/or terminate my relationship with my annual conference.
- This agreement will remain in effect with my current plan sponsor until I submit a new form.

Print Name \_\_\_\_\_

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 \_\_\_\_\_ North Carolina Conference \_\_\_\_\_

Employer # 335057

Plan Sponsor Address \_\_\_\_\_ 700 Waterfield Ridge Pl. Garner, NC 27529 \_\_\_\_\_

Phone # (919) 779-6115

Authorized Representative \_\_\_\_\_

Title \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Complete this form and send it to:  
NC Conference Treasurer's Office  
700 Waterfield Ridge Place  
Garner, NC 27529  
Fax 919-773-2308

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