



## **Waiver of Participation**

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United Methodist Personal Investment Plan (UMPIP)

### **Part I – Participant Information**

Name \_\_\_\_\_ Primary phone # ( ) \_\_\_\_\_

Home address \_\_\_\_\_ Alternate phone # ( ) \_\_\_\_\_

\_\_\_\_\_ Spouse name \_\_\_\_\_

Country of citizenship \_\_\_\_\_ Spouse Social Security # \_\_\_\_\_

Social Security # \_\_\_\_\_ Spouse birthdate \_\_\_\_\_

Birthdate \_\_\_\_\_ 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.)

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### **Part 2 – Waiver of Participation**

I hereby elect not to participate in the United Methodist Personal Investment Plan (UMPIP), administered by the General Board of Pension and Health Benefits of The United Methodist Church. I understand that because of this election, no contributions will be remitted to this plan on my behalf for the period for which I waived participation. This waiver applies to both participant contributions and plan sponsor contributions. 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.

Beginning \_\_\_\_\_ (effective date), I waive participation in UMPIP until such time as I revoke this waiver. I understand that I cannot waive participation for any period prior to the effective date of this waiver and that I may revoke this waiver at any time. [The effective date must be the first of a month or your appointment date. The waiver form must be signed, notarized and submitted to the plan sponsor no later than 60 days following the effective date. (For example, the form must be completed and submitted to the plan sponsor by August 29 to be effective the previous July 1 of the same year.)]

I also understand that the plan sponsor is not responsible for contributions for any period of time for which my waiver of participation is in effect.

### 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.

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### 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 the General Board of Pension and Health Benefits, 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**.