

Contribution Election—Horizon 401(k) Plan (Horizon)

Part 1 – Participant Information

Name _____ Social Security # (last 5 digits) _____

Mailing address _____ Primary phone # (____) _____

_____ E-mail _____

Country of citizenship _____ Clergy Lay Bishop

Part 2 – Maximum Contribution Amount

The Horizon 401(k) Plan is subject to contribution limits under the Internal Revenue Code. Your total before-tax and Roth contributions for the year to Horizon (and any other qualified retirement plans) cannot exceed the lesser of your compensation or the 2026 limits in the chart below.

Your Age	Total Before-tax and Roth Contribution Limit
Under age 50	\$24,500
Age 50-59 by December 31, 2026	\$32,500 (includes \$8,000 "catch-up" contribution)
Age 60-63 by December 31, 2026	\$35,750 (includes \$11,250 "super catch-up" contribution)
Age 64 or older by December 31, 2026	\$32,500 (includes \$8,000 "catch-up" contribution)

*Under the SECURE 2.0 Act of 2022, effective 2026, age-based catch-up contributions for employees with wages (subject to FICA taxes) greater than \$150,000 in 2025 (as indexed) must be made on a Roth basis, rather than before-tax basis.

Total personal and plan sponsor contributions (not including "catch-up" or "super catch-up" contributions) to Horizon and any other qualified plan sponsored by your plan sponsor cannot exceed the lesser of 100% of compensation or \$72,000 for 2026. **NOTE:** the clergy housing allowance is excluded from "compensation" for this purpose.

Part 3 – Before-Tax Contribution

Indicate the dollar amount or percentage that you elect to have withheld from your compensation and contributed to Horizon. For this purpose, compensation includes the value of any parsonage or housing allowance. Note that your compensation will be reduced before withholding taxes are calculated. At the time of distribution from Horizon, your before-tax contributions and earnings are taxable. Maximum contribution amounts are outlined in Part 2.

Choose one:

- Percentage of compensation:** _____% of compensation
- Dollar amount:** \$ _____ per month (cannot exceed your monthly compensation)
- I elect **not** to make before-tax contributions (default)

Part 4 – Roth Contribution

Indicate the dollar amount or percentage that you elect to have withheld from your compensation and contributed to Horizon. Maximum contribution amounts are outlined in Part 2. For this purpose, compensation includes the value of any parsonage or housing allowance.

Your compensation will be reduced after withholding taxes are calculated. At the time of distribution from Horizon, your Roth contributions are non-taxable and earnings are non-taxable if your distribution is qualified. Please see the *Roth Contribution Guide* at wespath.org/roth for more information about tax implications of Roth account distributions.

Choose one:

- Percentage of compensation:** _____% of compensation
- Dollar amount:** \$ _____ per month (cannot exceed your monthly compensation)
- I elect **not** to make before-tax contributions (default)
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Part 5 – Participant Signature

You cannot withdraw contributions from Horizon unless you have a financial hardship as defined under Horizon, attain age 59½, are disabled as defined under Horizon, retire, terminate employment and/or you are a clergy person and terminate your relationship with your denomination.

Requested effective date of this contribution _____

This agreement will remain in effect with your current plan sponsor until you complete a new form.

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 _____ Employer # _____

Plan sponsor address _____ Phone # (____) _____

Authorized representative _____ Title _____

Authorized signature _____ Date _____

If you are **NOT** completing this document online, please complete it and return to Wespath by one of the following methods:

- E-mail (scanned copy) to activeteam@wespath.org or
- Fax to **1-847-866-4677** or
- Mail to Wespath
Active Benefits Team
1901 Chestnut Avenue, Glenview, IL 60025

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

Be sure to keep a copy for your records.

This form includes and/or is requesting personally identifiable information (PII) and/or protected health information (PHI). You are encouraged to make elections and beneficiary designations online at benefitsaccess.org. When possible, managing your benefits online is the recommended approach to keep your PII and PHI safe and secure.