



Eder Financial

BOLD. BALANCED. TRUSTED.

929 East Main Avenue Suite 235 • Puyallup, WA 98372

866-723-0001 • Fax 253-268-3896

ederfinancial.org • ERPSERVICECENTER@NWPRETIREMENT.COM

2022 Retirement Plan Remittance Form

(ACH Electronic Payment)

Member Name _____

SSN _____

Person Sending Remittance _____

Email _____

Daytime Phone _____

Plan #: _____ Church Code: _____

Employer _____
(church, district, camp, etc.)

Church Address _____

Electronic transfers are posted on the first business day of each month or quarter.
Indicate your requested frequency by checking the box below.

Complete this form annually or if salary and/or housing allowance changes.

Notify Eder Retirement Plan IMMEDIATELY of ANY CHANGE in employment so that
the appropriate adjustment can be made to your ACH withdrawal.

Reminder: there is a \$50 fee to process a remittance by check. ACH payments are free.

Base Calculation

- A. Base cash salary _____ (A)
- B. If additional housing allowance (in lieu of parsonage) is designated by the congregation, use actual amount. (If parsonage is provided, use the annual fair rental value of the parsonage.) _____ (B)
- C. Total Annual Pension Base (A) + (B) _____ (C)

Contribution Calculation

On lines (D), (E), and (F) multiply the Total Annual Pension Base (C) by the percentage elected in your supplement to determine the annual employer and member contribution figures. (As a guideline, Annual Conference recommends 11% employer, 4% member, and 1% for CWAP.) **Add the amount for your ACH withdrawal to the Quarterly or Monthly Contribution columns, not both. The Annual Contribution column is for calculation purposes only.**

This remittance is for: ☐ Quarterly Contributions ☐ Monthly Contributions ☐ Other (period ending _____)

Recommended Contribution

Fill in all lines below, even if 0%

	Annual Contribution For calculation purposes only	For Quarterly Contribution Divide Annual Contribution by 4 to determine Quarterly Contribution	For Monthly Contribution Divide Annual Contribution by 12 to determine Monthly Contribution
D. Employer (ERB1) _____% or recommended 11%	\$ _____	\$ _____	\$ _____ (D)
E. Employer – 1% CWAP*	\$ _____	\$ _____	\$ _____ (E)
F. Member – ☐ Tax Deferred (BEF1) _____% or recommended 4%	\$ _____	\$ _____	\$ _____ (F)
☐ Roth (RTH1) _____% or recommended 4%	\$ _____	\$ _____	\$ _____ (F)

Additional Contribution

- G. Member – ☐ Tax Deferred (BEF2) Optional: _____% or dollar amount \$ _____ \$ _____ \$ _____ (G)
- ☐ Roth (RTH2) Optional: _____% or dollar amount \$ _____ \$ _____ \$ _____ (G)

Total Contribution (ACH withdrawal amount) (D) + (E) + (F) + (G) \$ _____ \$ _____ \$ _____

* Per Annual Conference action, a Church Workers' Assistance Plan contribution is required of employers for all employees of local churches, districts, and camps.

Signature of Employer Representative _____

Date _____

Revised 7/2022

P-RENTACH2022



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Complete this section if the form is being submitted for a new member, or if
the member has had a recent change to any of the following information.

Member Name _____	Date of Birth _____
SSN _____	Date of Hire _____
Address _____	Phone Number _____
_____	Email _____
City _____	
State _____ ZIP _____	