



**CHURCH OF THE BRETHREN
PENSION PLAN**

A not-for-profit ministry of Church of the Brethren Benefit Trust Inc.
929 East Main Avenue Suite 235 • Puyallup, WA 98372
866-723-0001 • Fax 253-268-3896
www.brethrenpension.org • BPPServiceCenter@nwretirement.com

**Covenant Brethren Church
2022 Pension 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 Brethren Pension 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.

Pension 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), and (E) multiply the Total Annual Pension Base (C) by percentage elected in your adoption agreement to determine the annual employer and member contribution figures. **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 _____)

Contribution

Fill in all lines below, even if 0%

	Annual Contribution For calculation purposes only	For Quarterly Contribution <small>Divide Annual Contribution by 4 to determine Quarterly Contribution</small>	For Monthly Contribution <small>Divide Annual Contribution by 12 to determine Monthly Contribution</small>
D. Employer _____	\$ _____	\$ _____	\$ _____ (D)
E. Member – <input type="checkbox"/> Tax Deferred _____	\$ _____	\$ _____	\$ _____ (E)
<input type="checkbox"/> Roth _____	\$ _____	\$ _____	\$ _____ (E)
Additional Contribution			
F. Member – <input type="checkbox"/> Tax Deferred Optional: _____% or dollar amount	\$ _____	\$ _____	\$ _____ (F)
<input type="checkbox"/> Roth Optional: _____% or dollar amount	\$ _____	\$ _____	\$ _____ (F)
Total Contribution (ACH withdrawal amount) (D) + (E) + (F)	\$ _____	\$ _____	\$ _____

Signature of Employer Representative

Date



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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 _____
City _____	Email _____
State _____ ZIP _____	

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