



Eder Financial

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2024 Retirement Plan Remittance Form

(ACH Electronic Payment)

Member Name
SSN
Person Sending Remittance
Email
Daytime Phone

Plan #: Church Code:

Employer
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
B. If additional housing allowance...
C. Total Annual Pension Base (A) + (B)

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.

This remittance is for: Quarterly Contributions Monthly Contributions Other

Recommended Contribution

Fill in all lines below, even if 0%

Table with 4 columns: Description, Annual Contribution, For Quarterly Contribution, For Monthly Contribution. Rows include Match, CWAP, and Member contributions.

Additional Contribution

G. Member - Pre-Tax Optional: Roth Optional:

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



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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 _____	