

2024 Retirement Plan Remittance Form

(ACH Electronic Payment)

Member Name	Plan #:	Church Code:
SSN	Employer	
Person Sending Remittance		(church, district, camp, etc.)
Email	Church Address	
Davtime Phone		

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

Α.	Base cash salary	(A)
В.	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: Quarter

Quarterly Contributions Monthly Contributions Other (period ending

Recommended Contribution	Annual	For Quarterly	For Monthly
Fill in all lines below, even if 0%	Contribution For calculation purposes only	Contribution Divide Annual Contribution by 4 to determine Quarterly Contribution	Contribution Divide Annual Contribution by 12 to determine Monthly Contribution
D. Match% or recommended 11%	\$	\$	\$ (D)
E. CWAP* – 1%	\$	\$	\$ (E)
F. Member – Pre-Tax% or recommended 4%	\$	\$	\$ (F)
Roth % or recommended 4%	\$	\$	\$(F)
Additional Contribution			
G. Member – D Pre-Tax Optional:% or dollar amount		\$	\$ (G)
Roth 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.



Eder Financial 2024 Retirement Plan **Remittance Form**

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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 SSN Address City State	Date of Birth Date of Hire Phone Number Email	