



**Covenant Brethren Church**  
**2024 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) and (E), multiply the Total Annual Pension Base (C) by the 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 \_\_\_\_\_)

**Recommended 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. Match _____%	\$ _____	\$ _____	\$ _____ (D)
E. Member – <input type="checkbox"/> Pre-Tax _____%	\$ _____	\$ _____	\$ _____ (E)
<input type="checkbox"/> Roth _____%	\$ _____	\$ _____	\$ _____ (E)
<b>Additional Contribution</b>			
F. Member – <input type="checkbox"/> Pre-Tax Optional: _____% or dollar amount	\$ _____	\$ _____	\$ _____ (F)
<input type="checkbox"/> Roth Optional: _____% or dollar amount	\$ _____	\$ _____	\$ _____ (F)
<b>Total Contribution (ACH withdrawal amount) (D) + (E) + (F)</b>	\$ _____	\$ _____	\$ _____

\_\_\_\_\_  
Signature of Employer Representative

\_\_\_\_\_  
Date



**Eder Financial**

BOLD. BALANCED. TRUSTED.

**Covenant Brethren Church**

# 2024 Retirement Plan Remittance Form

(ACH Electronic Payment)

**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 _____	