Eder Financial
BOLD. BALANCED. TRUSTED.

2025 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. Match _____% or recommended 11%	$ _____	$ _____	$ _____	(D)
E. CWAP* – 1%	$ _____	$ _____	$ _____	(E)
F. Housing Fund	$ _____	$ _____	$ _____	(F)
G. Member – ☐ Pre-Tax _____% or recommended 4%	$ _____	$ _____	$ _____	(G)
☐ Roth _____ % or recommended 4%	$ _____	$ _____	$ _____	(G)

Additional Contribution

	Annual	Quarterly	Monthly	
H. Member – ☐ Pre-Tax Optional: _____% or dollar amount	$ _____	$ _____	$ _____	(H)
☐ Roth Optional:_____% or dollar amount	$ _____	$ _____	$ _____	(H)

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

* 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*