



**Covenant Brethren Church**  
**2026 Retirement Plan**  
**Remittance Form**  
(ACH Electronic Payment)

Member Name \_\_\_\_\_  
SSN \_\_\_\_\_  
Person Sending Remittance \_\_\_\_\_  
Email \_\_\_\_\_  
Daytime Phone \_\_\_\_\_

Plan #: \_\_\_\_\_ Church Code: \_\_\_\_\_

|  |
|--|
| Employer _____<br>(church, district, camp, etc.) |
| Church Address _____<br>_____                    |

**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<br>Contribution<br>For calculation<br>purposes only | For Quarterly<br>Contribution<br><small>Divide Annual<br/>Contribution by 4 to<br/>determine Quarterly<br/>Contribution</small> | For Monthly<br>Contribution<br><small>Divide Annual<br/>Contribution by 12 to<br/>determine Monthly<br/>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*  
Revised 11/2023

\_\_\_\_\_  
*Date*



**Eder Financial**

BOLD. BALANCED. TRUSTED.

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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 _____ |                     |