

Pension Plan Remittance Form

These forms are for those participants in the Minister's Group plan.

- If contributions are paid by mail, send this form with the check to the lockbox address printed on the form.
- If contributions are paid electronically, send the remittance form to Brethren Benefit Trust, 1505 Dundee Ave., Elgin, IL 60120. The Authorization Agreement for Automatic Deposit (ACH Credits) , a voided check and the Pension Plan Remittance Form are to be sent to 1505 Dundee Ave, Elgin, IL 60120.

A new Pension Plan Remittance Form needs to be filled out at least once a year or whenever there are changes in the contribution amount.

For additional voluntary contributions, please use the appropriate (Employer or Employee) form as needed.

Section II

Fill out this section if —

- This is the first contribution for the Plan member with the current employer, or
- There has been a salary change since the last contribution.

A. Pension Base Calculation (use annual salary amounts)

Effective date of salary _____

Base cash salary _____ (1)

Utilities (if an allowance is given or if utilities are paid by employer) _____ (2)

Subtotal (1 + 2) _____ (3)

Housing (complete 4, 5, or 6)

If parsonage is provided, use 20% of subtotal (3) or _____ (4)

The rental value of the parsonage. _____ (5)

If housing allowance is given, use actual amount. _____ (6)

Total Annual Pension Base (3 + 4 or 5 or 6) _____ (7)

B. Contribution Calculation

1. Multiply the Total Annual Pension Base (7) by percentage in table below to determine the annual employer and member contribution figures.
2. Divide by 4 to determine quarterly contribution, or
3. Divide by 12 to determine monthly contribution.
4. Add the results to get monthly or quarterly contribution.

	Pension Base	Annual Contribution	Quarterly	Monthly
Required Contribution				
Employer				
for Pension Plan	11% X _____	= _____	_____	_____
for CWAP ⁽⁵⁾	1% X _____	= _____	_____	_____
Member	4% X _____	= _____	_____	_____
Additional Contribution				
Employer	_____ % X _____	= _____	_____	_____
Member	_____ % X _____	= _____	_____	_____
Total Contributions				
		_____	_____	_____

⁽⁵⁾ Church Workers' Assistance Plan contribution is required of employers for all employees of local churches, districts, and camps.

 Fold on dotted line so that address below shows through window envelope and return to BBT.

Brethren Benefit Trust Pension
24092 Network Place
Chicago, IL 60673-1240



**CHURCH OF THE BRETHREN
PENSION PLAN**

A not-for-profit ministry of Church of the Brethren Benefit Trust Inc.
1505 Dundee Avenue, Elgin, IL 60120-1619
800-746-1505 • 847-695-0200 • Fax 847-742-6336
www.brethrenbenefittrust.org

Authorization Agreement for Automatic Deposit (ACH Credits)

Company: Brethren Benefit Trust Inc.

I.D. Number: 36-3668497

Please attach a cancelled check for your checking account or a deposit slip for your savings account and return this form to —
Brethren Benefit Trust Inc., 1505 Dundee Avenue, Elgin, IL 60120

I hereby authorize BRETHREN BENEFIT TRUST INC. to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (mark one) Checking Savings account indicated below and the financial institution named below to credit and/or debit the same to such account.

Bank Name _____ Phone Number _____

City _____ State _____ ZIP _____

Routing Number (9 digits) _____

SELECT ONLY ONE ACCOUNT

Checking Account Number _____

OR

Savings Account Number _____

For BBT Use Only

Startup Request or
 Change Request

Date Change is Effective:

month/day/year

This authority is to remain in full force and effect until BRETHREN BENEFIT TRUST INC. has received written notification from my/our authorized representative of its termination in such manner as to afford BRETHREN BENEFIT TRUST INC., and my bank a reasonable opportunity to act on it.

Name of Pension Plan Member/Annuitant _____

Name of Employer _____

For Office Use Only

H.R. _____ Acct. _____
Date _____ Date _____

Social Security Number _____

Phone Number _____

Signature _____

Date _____

