

EVANGELICAL FRIENDS CHURCH – EASTERN REGION
2017
Pension Monthly Remittance Form

Member Name (Pastor or Worker): _____ SS#: _____

Hiring Body (Church or Board): _____

Circle the Payment Month: Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Pension Plan contribution: CHECK IF SALARY INCREASE/DECREASE (___)

A. Cash Salary for the month: \$ _____

B. Housing allowance: actual paid OR parsonage value \$ _____

C. Utilities allowance for the month (if applicable): \$ _____

D. Total Compensation: \$ _____

E. Pension contribution (12% of Line D minus \$___): \$ _____

The \$___ is for Life Insurance that is paid directly to the EFC-ER Office.

Treasurer Signature: _____

Date: _____

Note any changes in church Treasurer Address and Phone Below:

Make Checks Payable to: Evangelical Friends Pension Plan Trustees

**Mail to: Alliance Benefit Group of Illinois
456 Fulton Street
Suite 345
Peoria, IL 61602**

If you have any questions about payment, contact Eric Hoffman at 309-671-4200. If you need investment advice, please contact Megan Nall (Retirement Plan Administrator) at 330-896-6250 ext. 1090.