

CONTRIBUTIONS
Associate Reformed Presbyterian Retirement Plan Fund
One Cleveland Street, Suite 110
Greenville, SC 29601-3696

Please enclose this completed form with your contribution for the Associate Reformed Presbyterian Retirement Plan Fund. Contributions are due by the 15th of each month, and should be made payable to **Associate Reformed Presbyterian Retirement Plan Fund**. Associate Reformed Presbyterian Ministers, Mission Developers, Missionaries, and Professional Synod lay employees are Participants in the Retirement Plan.

Church ID #: _____ Presbytery: _____ Period of Earnings: _____

Church Name: _____

(Complete Church Name as listed in Minutes of Synod)

Name of Treasurer: _____

Treasurer's Address: _____

Name of Participant: _____

If the Pastorate is Vacant, Date Pastorate Became Vacant: _____

Check here if information above has changed since last report.

REPORT OF EARNINGS

- A. Base Monthly Salary
 (Salary Paid To Participant Excluding Allowances, but include voluntary salary reductions for payment to 403(b) Tax Deferred Annuity) \$ _____
- B. If Manse is Provided Enter 40% of Base Monthly Salary \$ _____
- C. Housing/Utility Allowance **Paid To** Participant \$ _____
- D. Auto/Travel Allowance **Paid To** Participant* \$ _____
- E. Social Security Allowance **Paid To** Participant \$ _____
- F. Other Allowances **Paid To** Participant* \$ _____
- *Do not include if paid under Accountable Expense Reimbursement Plan
- G. TOTAL CREDITED MONTHLY EARNINGS (**Sum A – F**) \$ _____
- H. Enter Number of Months for which Earnings are being reported _____
- I. TOTAL CREDITED MONTHLY EARNINGS FOR PERIOD (G x H) \$ _____
- J. Contribution Rate 8.5%
- TOTAL CONTRIBUTIONS DUE (I x J) \$ _____

Check here if information above has changed since last report.

Send Additional Forms.

FOR OFFICE USE ONLY

Check # _____

Check Date _____

Check Amount \$ _____