



**Evangelical Friends Church**  
EASTERN REGION

**2019**  
**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 \$12\***): \$ \_\_\_\_\_  
**The \$12\* is for Life Insurance that is paid directly to the EFC-ER Office. \*(lower amount if over 65)**

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 John Neilsen at 1-800-242-2356.