



Evangelical Friends Church
EASTERN REGION

2020 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's 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**

Participants can access their account online at <https://www.abgil.com>.