



EPC

Benefit Resources, Inc.

403(B)(9) CONTRIBUTION FORM

Church Information

Church Name _____ Customer #0660- _____

City _____ State _____ ZIP _____

Office Phone _____ Office Email _____

Type of Submission Manual Check Bank-Generated Check ACH

Contribution Period (MM/YY) _____

Frequency Monthly Quarterly Annually

Terminated employees? Complete the Termination Report Form.
New Contact Information? Contact BRI at 407-930-4492 or *benefits@epc.org*

Retirement Contribution Information

(Please Alphabetize)

Last Name	First Name	SSN (Last 4)	Employer Retirement Contribution	Employee Retirement Contribution	Employee ROTH Contribution
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Subtotal			_____	_____	_____
Total			_____	_____	_____

Make check payable to EPC and mail with completed form to:

EPC Retirement
Dept. 2023
P.O. Box 30516
Lansing, MI 48909



EPC

Benefit Resources, Inc.

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(Please Alphabetize)

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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
		Subtotal	_____	_____	_____
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