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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