PCA Retirement & Benefits, Inc.

PCA Retirement Plan
Contribution Remittance Form

In order to process, record and track contributions, all columns must be completed so we may comply with IRS regulations.

Organization ID:		**Date Submitted:**	
Organization Name:		**Contact Person:**	
Address:		**Phone Number:**	
Address:		**Fax Number:**	
City, State, Zip:		**Email Address:**	

	Name (first middle last)	Full SSN or RBI Participant ID number	Birth Date (mm/dd/yyyy)	Hire Date (mm/dd/yyyy)	For Non Ordained Only Termination Date - if applicable (mm/dd/yyyy)	Annual Salary (exclude housing allowance)	Source Contributions			
							Employer	Employee Before Tax	Employee After Tax (Roth)	Total
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
	Totals									

A copy of the contribution remittance form can be obtained on our website at www.pcarbi.org ("forms" section) or by calling 1-800-789-8765.

Please mail this form with your payment to:

PCA Service Center
5446 California Ave SW, Suite 200
Seattle, WA 98136

Check should be made payable to:

PCA Retirement Plan

rev 12/2009