



### Minister’s Retirement Plan Contribution Worksheet

Church or School Name: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

Ministerial/ Member #	Participant Name	Total	Employer Contribution	Salary Reduction	Check all that apply	
					Over 50 Years Old	Credentialed 15 yrs or more
<b>TOTALS</b>						

Questions? Call 800.4778-7130 or E-mail: [info@benefitsboard.com](mailto:info@benefitsboard.com)

Contribution Spreadsheet 9/06