

FORM for CHANGES or ADDITIONAL CONTRIBUTIONS

Name of Plan: **Association of Free Lutheran Congregations Retirement Plan**

Please complete the following accurately and completely with a blue or black pen; **print clearly**. The information provided should be current as of the date the form is completed.

| | | | |
|---------------------------------|--------------------|---|-------------|
| _____ Location # (if known) | | _____ Congregation Name | |
| _____ Number and Street | | _____ Additional Mailing Information | |
| _____ City | _____ State | _____ Zip | |
| _____ Social Security Number | _____ Last Name | _____ First Name | _____ MI |

Select one of the following:

☐ Please make the following on-going change to my retirement contributions, effective _____ :

Change employee contribution to \$ _____

Change employer (congregation) contribution to \$ _____

☐ Please deposit the attached check in the amount of \$ _____ into the above plan:

☐ Make a one-time ACH withdrawal & contribution in the amount of \$ _____ , please deposit as follows:

Employee \$ _____

Employer (congregation) \$ _____

| | |
|-------------------------------|---------------|
| _____ Authorized Signature | _____ Date |
|-------------------------------|---------------|

Mail To: AFLC
Attn: Benefits Administration
3110 E Medicine Lake Blvd
Plymouth, MN 55441

Or Fax: 763-545-0079