

## Mid-Year Change or Additional Contribution

**Plan Name: 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 complete.

\_\_\_\_\_  
Location # (if known)

\_\_\_\_\_  
Congregation Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Last Name, First Name, Middle Initial

\_\_\_\_\_  
Social Security Number

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 \$ \_\_\_\_\_

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

Employee \$ \_\_\_\_\_

Employer (Congregation) \$ \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Mail To: AFLC Business Office  
Attn: Benefits Administration  
3110 East Medicine Lake Blvd  
Plymouth, MN 55441

Or Fax To: 763-545-0079