



**SALARY INFORMATION REQUEST FORM**

For Plan Year 2018: 07/01/2017 to 06/30/2018

Please Circle Your Membership Organization: **CCAR URJ NATA ARJE PEP-RJ ECE-RJ ATID RPB**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

SS#: \_\_\_\_\_ Date of Birth (Month/Day/Year):     /     /     \_\_\_\_\_

**I. COMPENSATION & CONTRIBUTION**

**A. Salary Information (required)**

Salary

Parsonage

Total

Enter your Salary Information here -->

\$	+	\$	=	\$
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**B. Contribution Information (required)**

Employer

Participant

Total

Enter your Contribution Information here -->

**\*\* Please enter either Dollar Amounts OR Percentages \*\***

	+		=	
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C. Hire Date (Month/Day/Year) \_\_\_\_\_

**III. EMPLOYER INFORMATION**

Employer Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

I understand that my RPB pension invoice will be prepared using the information above, and I certify its accuracy.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Congregation/Employer Authorized Signature, Title \_\_\_\_\_

Date \_\_\_\_\_