# AG Retirement Contribution Form

ACH Automatic Contributions Only

Submit your contributions online.
Click here to learn more.

**Return this form and a voided check to MBA**

☐ Bank information already on file with MBA

- Mail: PO Box 2515, Springfield MO 65801-2513
- Fax: 417.831.7429
- Email: retirement@agfinancial.org

**Start ACH on** _____/_____/_____

(Not to exceed 45 days from date of this form)

Note: ACH processing is scheduled for the 10th or 20th of each month or the next business day. Changes to existing employee contributions must be received five business days before the scheduled date to occur that month. If adding new employee contributions, this form must be received by the first day of the month. Only full contributions may be made via ACH to existing retirement accounts. Any partial contributions to retirement accounts must be remitted separately by check payable to MBA or online contribution form.

Employer Name _____ Date _____

Mailing Address _____

City _____ State _____ Zip _____

Payroll Coordinator Name _____ Phone Number _____

Email _____

This AG Retirement Contribution Form supersedes any and all prior authorizations. You must list ALL employees for whom contributions are being made via ACH each time you make changes.

| Employee Name | SSN/ MBA 403(b) Account # | Select One: New | Change | No Change | 403(b) Pre-Tax Elective Deferrals | 403(b) Roth After-Tax Elective Deferrals | 403(b) Employer Contributions | 403(b) After-Tax (non-Roth) Contributions | 409A Deferred Comp Contributions |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | $ | $ | $ | $ | $ |
| | | | | | $ | $ | $ | $ | $ |
| | | | | | $ | $ | $ | $ | $ |
| | | | | | $ | $ | $ | $ | $ |
| | | | | | $ | $ | $ | $ | $ |
| | | | | | $ | $ | $ | $ | $ |
| | | | | | $ | $ | $ | $ | $ |
| | | | | | $ | $ | $ | $ | $ |
| | | | | | $ | $ | $ | $ | $ |
| | | | | | $ | $ | $ | $ | $ |
| | | | | | $ | $ | $ | $ | $ |
| **TOTALS** | | | | | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |
| | | | | | | | | | $ 0.00 |
| | | | | | | | | | Total ACH Amount |

By signing below, I certify that MBA contributions and contribution types (pre-tax and Roth elective deferrals, employer, traditional after-tax contributions, and 409A deferred compensation) made via the instructions on this form are authorized by the employer's written 403(b) or 409A plan documents. Any elective deferrals are made pursuant to a written payroll deduction agreement or a written automatic enrollment option. IRS and MBA Plan rules restrict when amounts contributed to a 403(b) plan may be distributed. I understand and agree that any amendments to the employer's written plan rules will be delivered to MBA upon implementation.

FOR CREDENTIALED AG EVANGELISTS OR CHAPLAINS: By signing below, I certify that I am an Assemblies of God credentialed minister with ministry-related income from self-employment (reporting or able to report the income on IRS Schedule C), or employed in a ministerial capacity at an employer that is not an Assemblies of God church or institution. The 403(b) contribution I am making is related to income earned from ministerial activities. I understand that there are legal limits to what may be contributed to a 403(b) retirement account and will abide by those limits. If I stop serving in these capacities or if I terminate credentials with the Assemblies of God, I will inform AG Financial Solutions in a timely manner so that MBA will cease withdrawing these retirement contributions.

**Authorized signature** _____ **Date** _____

**Second authorized signature (when required)** _____ **Date** _____