



# Retirement Contribution Form

EFT Automatic Contributions Only

Submit your contributions online.  
[Click here](#) to learn more.

Employer Name	Date
Mailing Address	
City	State Zip
Payroll Coordinator Name	Phone Number
Email	

**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 EFT on \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (Not to exceed 45 days from date of this form)

Note: EFT 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 EFT to existing retirement accounts. Any partial contributions to retirement accounts must be remitted separately by check payable to MBA or online contribution form. Keep a copy of this form for your records.

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

Employee Name	SSN/ MBA 403(b) Account #	Select One			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
		New	Change	No Change					
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
					\$	\$	\$	\$	\$
<b>TOTALS</b>					\$	\$	\$	\$	\$
									\$
									Total EFT 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 CREDENTIALLED 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 AGFinancial in a timely manner so that MBA will cease withdrawing these retirement contributions.

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

Second authorized signature (when required) \_\_\_\_\_ Date \_\_\_\_\_