

General Baptist Pension Program

Participant Contribution Form

Participant's Name _____

Church or Organization _____


Mandatory Employer Contribution 5% \$ _____

Mandatory Participant Contribution 2% \$ _____

Voluntary Participant Contribution ____% \$ _____

Subtotal  \$ _____

Life Insurance (if applicable) \$ _____

TOTAL  \$ _____

Annual Compensation
upon which contributions are based \$ _____

I agree that the above information is correct to the best of my knowledge, and that this contribution represents all employees eligible for plan participation.

X

Authorized Signature

Date