CONCORDIA PLAN SERVICES

Concordia Retirement Savings Plan
403(b) Automatic Contribution
Remittance Election Form

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

This form should be used by employers with employees who contribute a consistent dollar amount to CRSP throughout the year. An updated form is required for any changes. Receipt of a properly completed updated form will void and replace any prior form on file.

A Employer Information

Please complete thoroughly. All information is required.

Employer Name _____ Employer Number _____

Preparer Name _____ Date Prepared _____ Beginning Payroll Date _____

Email Address _____ Daytime Phone Number _____

Payroll Frequency: *(Check One.)* ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

B Participant Information

The person(s) named below is a Member in the Concordia Retirement Savings Plan (CRSP). For this plan, 403(b) contributions are deducted from the member's pay on a pre-tax and/or after-tax Roth basis. By completing the information below, you acknowledge that the deductions are correct according to the Employer's payroll schedule.

Please check one.

☐ Initiate New Election ☐ Change to Existing Election

Last 4 Digits of SSN	Participant Name	1 Employee Contributions Per Pay Period		2 Employer Optional Match Per Pay Period	3 Loan Repayment Per Pay Period (After-Tax Dollars)
		Traditional (Pre-Tax Dollars)	Roth (After-Tax Dollars)		

C Employer Representative Signature

I understand that I will receive a confirmation from EBSO, Inc. each pay period, which I must review for accuracy. I also understand that it is my responsibility to inform EBSO, Inc. as soon as possible, but no later than 5 business days prior to the applicable payroll date, should any change to the above information occur, and I accept full responsibility for timely notification of any changes.

I further understand that once received and approved by EBSO, Inc., this CRSP 403(b) Automatic Contribution Remittance Election Form will become effective on the Beginning Payroll Date indicated above and will remain in effect until an updated CRSP 403(b) Automatic Contribution Remittance Election Form is received and approved by EBSO, Inc.

X _____

Signature of Authorized Employer Representative Date

Please send this completed form to: Email LCMS@ebsobenefits.com • Fax 651-695-2690 • Phone 651-695-2590

Address: EBSO, Inc., Attn: Concordia Retirement Savings Plan • 2145 Ford Parkway, Suite 200 • St. Paul, MN 55116