



# CONTRIBUTION AND LOAN REPAYMENT REMITTANCE FORM

ABA Retirement Funds Program ("the Program")  
 P.O. Box 55072 • Boston, MA 02205-5072

Plan Administrator Line: 800.752.6313  
 Website: www.abaretirement.com

The Authorized Plan Representative completes all sections of this form to remit contributions and loan repayments. Section 2 is for contributions, section III is for catch-up contributions and section 4 is for loan repayments. Mail the original, signed form to the address shown above. For section 2, Contribution Type/Amounts: Enter the contribution dollar amount in the appropriate "Contribution Type" column. Refer to your plan's Adoption Agreement if you are unsure as to which types are allowed under your plan.

## 1. EMPLOYER INFORMATION

Program Plan Number: \_\_\_\_\_ Employer Tax ID Number: \_\_\_\_\_ – \_\_\_\_\_ IRS Plan Number: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer's Business Phone Number: (\_\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_

## 2. CONTRIBUTION REMITTANCE (USE ADDITIONAL PAGES IF NECESSARY.)

For Firm's Plan Year Ending \_\_\_\_/\_\_\_\_/\_\_\_\_ 401(k) Salary Deferrals (which may include catch-up contributions) are for payroll date \_\_\_\_/\_\_\_\_/\_\_\_\_ or calendar year \_\_\_\_.

CONTRIBUTION TYPE	A* / B*	N	C	D	F	G	P* / T*	TOTAL
PARTICIPANT NAME	SOCIAL SECURITY NUMBER (REQUIRED)	401(k) SALARY DEFERRAL** or SIMPLE 401(k) SALARY DEFERRAL**	ROTH 401(k) CONTRIBUTIONS**	QNEC/ QMAC**	EMPLOYER MATCHING	EMPLOYER	POST-TAX EMPLOYEE**	SAFE HARBOR EMPLOYER MATCHING** or EMPLOYER NON-ELECTIVE**
_____	_____	\$ _____	_____	_____	_____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	_____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	_____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	_____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	_____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	_____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	_____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	_____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	_____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	_____	_____	_____	\$ _____

\* Based on your plan design.  
 \*\* These contributions are 100% vested. Please ensure that no negative figures are included.

Contribution Subtotal \$ \_\_\_\_\_  
 (Transfer this total to the Remittance Totals, Section 5.)

**3. CATCH-UP CONTRIBUTIONS REMITTANCE FOR INDIVIDUALS AGE 50 AND OVER (USE ADDITIONAL PAGES IF NECESSARY.)**

YOU MAY ONLY USE THIS FORM TO MAKE CATCH-UP CONTRIBUTIONS IF THE PARTICIPANT HAS EXCEEDED THE 401(K) ELECTIVE SALARY DEFERRAL LIMIT.

Please use this page of the Contribution and Loan Repayment Remittance Form (Form 2) in order to separately remit catch-up contributions for participants in your plan. All sections must be completed. Use additional pages if necessary.

Under the Economic Growth Tax Relief and Reconciliation Act of 2001, a participant in a profit sharing plan with 401(k) provision who is age 50 by the end of the plan year for which the catch-up contribution is being made can make a "catch-up" contribution in 401(k) elective salary deferrals as follows:

<b>401(k) or Roth 401(k)</b>	2017: \$6,000
<b>SIMPLE 401(k)</b>	2017: \$3,000

Note: The catch-up limit applies to the **combined** amount of 401(k) and Roth 401(k) contributions

Catch-up contributions will not be subject to any other contribution limits and will not be subject to any nondiscrimination rules. The employer must allow all eligible individuals to participate in the catch-up provision in the same manner.

Program Plan Number: \_\_\_\_\_ Employer Tax ID Number: \_\_\_\_\_ - \_\_\_\_\_ IRS Plan Number: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer's Business Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

401(k) Salary Deferrals (which may include catch-up contributions) are for payroll date \_\_\_\_/\_\_\_\_/\_\_\_\_ or calendar year \_\_\_\_\_.

PARTICIPANT NAME	SOCIAL SECURITY NUMBER	CATCH-UP AMOUNT FROM <b>A / B</b> [401(k) DEFERRAL or SIMPLE 401(k) PLANS ONLY ]	CATCH-UP AMOUNT FROM <b>N</b> [ROTH 401(k) DEFERRAL]
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Catch-Up Contribution Subtotal \$ \_\_\_\_\_

(Transfer this total to the Remittance Totals, Section 5.)



## 5. REMITTANCE TOTALS

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**A** Contribution Subtotal: \$ \_\_\_\_\_  
**B** Catch-Up Contribution Subtotal: \$ \_\_\_\_\_  
**C** Loan Repayment Subtotal: \$ \_\_\_\_\_  
**D** GRAND TOTAL: \$ \_\_\_\_\_  
(A + B + C = D)

## 6. DEPOSIT INFORMATION

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Please make all checks payable to "ABA Retirement Funds Program" from the employer's business account. Personal checks should not be submitted except for loan payments.  
**[Applicable Department of Labor Regulations mandate that such contributions be made as of the earliest date on which such contributions can be reasonably segregated from the employer's general assets.]**

The following checks are attached to this Contribution and Loan Repayment Remittance Form (Form 2):

Check # : \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_

Check # : \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_

Check # : \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_

Check # : \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_

**A** Sum of checks from above: \$ \_\_\_\_\_

**B** Amount, if any, to be withdrawn from Forfeiture Account (For Employer Contributions Only): \$ \_\_\_\_\_

**C** Amount transmitted by wire: \$ \_\_\_\_\_

**D** GRAND DEPOSIT TOTAL: \$ \_\_\_\_\_  
(A + B + C = D)

**PLEASE VERIFY:**

- Correct Plan Year and/or Calendar Year indicated.
- Correct Contribution Type is indicated.
- Correct Loan Numbers were given.
- Six-digit Program Plan Number provided.
- Correct Scheduled Loan Payment amount is provided.

**PLEASE REMEMBER TO:**

- Sign your check
- Date your check
- Make your check payable to "ABA Retirement Funds Program"
- Ensure written and numeric amounts agree.

This GRAND DEPOSIT TOTAL must equal GRAND TOTAL from section V above.

## 7. SIGNATURE

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I understand that failure to provide the Program with a properly completed form and related remittances may result in a processing delay.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED PLAN REPRESENTATIVE ON BEHALF OF THE EMPLOYER

\_\_\_\_\_  
DATE