



Organization ID:

Organization Name:

Address:

Address:

City, State, Zip:

Date Submitted:

Contact Person:

Phone Number:

Fax Number:

Email Address:

PCA Retirement Plan Contribution Remittance Form

| | First Name | Last Name | Enter SSN or Participant ID (Call RBI for ID) | | | | Termination Date (mm/dd/yyyy) | Annual Taxable Salary*** | Annual Housing Allowance*** |
|----|------------|-----------|---|----------------|-------------------------|------------------------|-------------------------------|--------------------------|-----------------------------|
| | | | SSN | Participant ID | Birth Date (mm/dd/yyyy) | Hire Date (mm/dd/yyyy) | | | |
| 1 | | | | | | | \$ - | \$ - | |
| 2 | | | | | | | \$ - | \$ - | |
| 3 | | | | | | | \$ - | \$ - | |
| 4 | | | | | | | \$ - | \$ - | |
| 5 | | | | | | | \$ - | \$ - | |
| 6 | | | | | | | \$ - | \$ - | |
| 7 | | | | | | | \$ - | \$ - | |
| 8 | | | | | | | \$ - | \$ - | |
| 9 | | | | | | | \$ - | \$ - | |
| 10 | | | | | | | \$ - | \$ - | |
| 11 | | | | | | | \$ - | \$ - | |
| 12 | | | | | | | \$ - | \$ - | |

| Source Contributions | | | |
|----------------------|---------------------|---------------------------|-------|
| Employer | Employee Before Tax | Employee After Tax (Roth) | Total |
| \$ - | \$ - | \$ - | \$ - |
| \$ - | \$ - | \$ - | \$ - |
| \$ - | \$ - | \$ - | \$ - |
| \$ - | \$ - | \$ - | \$ - |
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| \$ - | \$ - | \$ - | \$ - |

Totals

A copy of the contribution remittance form can be obtained on our website at www.pcarbi.org ("forms" section). Please contact RBI if any questions at 1-800-789-8765 or retirement@pcarbi.org.

Please mail this form with your payment to:

PCA Service Center
4025 Delridge Way, Suite 250
Seattle, WA 98106

Check should be made payable to:

PCA Retirement Plan

**All employees must be enrolled prior to submitting a contribution.

***Salary and Housing Allowance Information: Taxable Salary is IRS Form W-2 Box 1 total wages. RBI uses Salary and Housing Allowance for compliance testing and retirement calculations.