

**ACNA RETIREMENT PLAN
Transmittal Form**

Please complete and mail this form with each contribution

_____ Date

NAME OF CHURCH OR ORGANIZATION _____

ASSIGNED NUMBER _____

Name	SS#		
_____	_____	Special	_____
		Salary Deferred	_____
		Match	_____
_____	_____	Special	_____
		Salary Deferred	_____
		Match	_____
_____	_____	Special	_____
		Salary Deferred	_____
		Match	_____
_____	_____	Special	_____
		Salary Deferred	_____
		Match	_____
Total			_____

Once completed please mail to==> ACNA Retirement Plan Payroll Trust
 OR P. O. Box 472842
 Garland, TX 75047-2842

FAX to 866-881-8175 E-mail to Bill@billthorogood.com

If the name or address of your church or organization has changed please enter the NEW NAME or ADDRESS here:

Name _____
 Address _____

