



**Concordia Retirement Savings Plan
 Employer Contribution Election**

Each worker may elect to make salary deferral contributions to the Concordia Retirement Savings Plan (CRSP) through payroll deduction.

Employers are not required to, but may elect to make employer matching or fixed contributions to the CRSP. Employer contributions are submitted directly by the employer. Matching contributions are allocated to participating workers and must be remitted after each pay period, but no later than the 20th business day of the following month. Employer fixed contributions are allocated uniformly to all eligible workers, regardless of whether or not the worker made salary deferral contributions.

Use this form to report the commencement of any employer contribution, a change in employer contribution, or an employer decision to stop making contributions.

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

A	Employer Information												
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 70%;">Employer Name</td> <td style="border: none; width: 30%;">Employer Number</td> </tr> <tr> <td colspan="2" style="border: none; height: 20px;"> </td> </tr> <tr> <td colspan="2" style="border: none;">Address</td> </tr> <tr> <td colspan="2" style="border: none; height: 20px;"> </td> </tr> <tr> <td style="border: none; width: 33%;">City</td> <td style="border: none; width: 17%;">State</td> <td style="border: none; width: 17%;">Zip Code</td> <td style="border: none; width: 33%;">Employer Phone Number</td> </tr> </table>		Employer Name	Employer Number			Address				City	State	Zip Code	Employer Phone Number
Employer Name	Employer Number												
Address													
City	State	Zip Code	Employer Phone Number										
B	Employer Contribution Election												
<p><i>Please check the appropriate box(es) below.</i></p> <p><input type="checkbox"/> This employer will match worker salary deferral contributions to the CRSP equal to</p> <p style="margin-left: 20px;"><input type="checkbox"/> _____ % of contributions (Example; 25%,50%, 100%), up to _____ % of compensation (Example, 1-10%)</p> <p style="margin-left: 20px;"><input type="checkbox"/> _____ % of contributions (Example; 25%,50%, 100%) with a maximum of \$ _____ matched per worker per year</p> <p><input type="checkbox"/> This employer will make a fixed contribution for each eligible worker equal to</p> <p style="margin-left: 20px;"><input type="checkbox"/> _____ % of compensation per year (Example 1%-10%) <input type="checkbox"/> \$ _____ per year</p> <p><input type="checkbox"/> This employer will not provide an employer contribution to the CRSP at this time.</p> <p>This employer processes payroll _____ times per year.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>All contributions are subject to Internal Revenue Code (IRC) maximum contribution limits.</p> <p><i>If you would like to set up a matching structure different from what is suggested, please contact Concordia Plan Services.</i></p> </div>													
C	Employer Contribution Effective Date												
<p>The effective date of the designation made in Section B is _____ (cannot be sooner than the first day of the month following the date the resolution was made by the Governing Body.)</p>													
D	Employer Representative Signature												
<p>IN WITNESS WHEREOF, I have signed this document on _____ .</p> <p style="text-align: right; margin-right: 100px;">MM/DD/YYYY</p> <p>X _____</p> <p>Signature of Authorized Employer Representative</p> <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/> <p>Printed Name of Authorized Employer Representative Title or Office Held</p> <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/> <p>Email Address Daytime Phone Number</p>													