# Payroll Remittance Form

**1009634-01 Concordia Retirement Savings Plan**

**Employer Number: _____**

**Employer Name:** _____

Payroll Date: _____

Prepared by: _____

Telephone No: _____

Date Prepared: _____

## Participant Detail

| Last 4 digits of SSN | Participant Name | Employee (EE) Amount | Employer (ER) Optional Match Amount | Loan Repayment Amount |
|---|---|---|---|---|
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| TOTAL | | $ | $ | $ |

Grand Total All Contributions (EE + ER + Loan): _____

Submission of incomplete forms will result in the delay of deposits to your retirement plan.
Keep a copy of your completed forms for your records as SOMI will retain the original.
Make copies of the blank form for future use. An electronic copy of this form is available.

MetLife C/O SOMI, Attn: LCMS Retirement Plan, 2145 Ford Parkway, Suite 300, St. Paul, MN 55116
LCMS@somi.com, Fax (651)695-1649, Phone (651)695-2590