

FORM 25: CONTRIBUTION REMITTANCE INSTRUCTIONS

Please complete this form and send it with your contribution payment to FCMM. You may also download a Contribution Remittance Form from our website (<u>www.fcmmbenefits.org/documents</u>). Please direct remittance questions to: <u>remittance@fcmmbenefits.org</u> or call (800) 995-5357.

Contribution Remittance Instructions

Return this page with your next FCMM contribution.

Request an electronic version by sending an email to remittance@fcmmbenefits.org

Organization Name				Organization #	
Address					
City, State Zip					
			EmployER (\$)	EmployEE (\$)	EmployEE (\$)
Depositor No.	Participant Name		Contribution	Pre-Tax	Roth Deferral
			Contribution	Deferral	Roth Deferral
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*Salary deferral contributions m	aust be cont to FCMM	Subtotal Contribution(s)	\$	\$	\$
as soon as reasonable for the p	proper administration of		\$	Ψ	Ψ
the Plan, an example of reason the 15th business day of th	able is <u>no later than</u>	TOTAL Court		¢	
the month of deduction.	ie month following	TOTAL CONT	ribution Remittance	\$	
Check Date			Check #		
Contact Name			Phone or Email		
NOTES:					
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How to submit form	-				
Send via email to: <u>R</u>			OR		
Send by mail to :FCI	MM Benefits & Reti	rement, 901 E	E. 78 [™] Street, Minne	apolis, MN 55420	