

FCMM Contribution Remittance Form

Please complete and send this form each time a payment is made to FCMM.

Please use the *Guidance Page for Remittances* to avoid errors.

Instructions:

- 1) Enter your **organization's name, address, city, state, and zip** in the fields provided.
- 2) Enter the **name and contribution amount** for each participant in the correct column. (Additional guidelines for completing this section are found within your FCMM Welcome Packet.)
- 3) Record the **Subtotals** for each contribution type and the **Remittance Total** in the fields provided.
- 4) Record the **Check #**
- 5) Provide **your name and contact information**. FCMM will use this information to resolve any issues if necessary to ensure a timely deposit.
- 6) Mail the check, payable to FCMM, and this form to:

**FCMM Retirement Plan
901 E 78th Street
Minneapolis, MN 55420**

Contribution Remittance

Return this page with your next FCMM contribution.

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

Organization Name _____
 Address _____
 City, State Zip _____

Organization # _____

Depositor No.	Participant Name	Employer (\$) Contribution	Employee (\$) Pre-Tax	Employee (\$) Roth

Subtotal Contribution(s) \$ _____ \$ _____ \$ _____

TOTAL Contribution Remittance \$ _____

Check # _____

Contact Name _____ Phone or Email _____

