

**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 972-703-6712

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

Name _____

Address _____
