## Request for Maximum Tax-Sheltered Contribution Amount

A Member Information		
		xxx-xx-
Legal Name (First)	MI Last	Social Security Number
Employment Date (MM/DD/YYY	Y)	Member ID
( )	( )	( )
Home Phone	Work Phone	Cell Phone
B Salary Information		
Indicate tax year for which ca	lculation is requested:	
Annual defined compensatio	n	
1. Annual base salary¹ (don't in	\$	
2. Social Security tax allowance	\$	
3. Total of (1) + (2)		\$
4. Housing (check [✔] applicable box)		\$
☐ Cash housing allowance (	(if housing is not provided) <b>or</b>	
$\square$ 30% of (3) (if housing is p	provided)	
5. Household furnishings and utilities allowances		\$
(if housing is provided and allowances are paid to you)		
6. Annual defined compensation = Total of (3) + (4) + (5)		\$
Effective date of salary (MM/D	D/YYYY)	
Employment status:		
How many hours are you scheduled to work?		Hours per week
How many months are you scheduled to work?		Months per year
reimbursement accounts).	enefit contributions are deducted (pretax retirement contributions, fle nay be paid to reimburse pastors for a portion of self-employed Social S	
C Prior Contributions to	Other 403(b) Plans	
Tax-sheltered annuities, tax-o	deferred accounts, and other 403(b) accounts	Do not include:
Portico has a record of the amount you have contributed in prior years to your ELCA		
Retirement Plan account (pretax retirement contributions). However, to calculate your maximum contribution amount, the IRS requires this calculation to include prior amounts		• Earnings
	_	
from <b>all</b> retirement plans in which you participated while in ELCA or predecessor church service. Please provide the total amount you have contributed in prior years to		• Retirement plans other than 403(b) plans
any other 403(b) plans.		• IRAs
Your total pretax retirement co	ntributions for prior years \$	- 11/13
(include contributions to all 40	* '	_

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## **Current Year Contributions** Please provide the total amount of anticipated current-year contributions (in your name) to any of the following. 1. Employer contributions to any 403(b) plan (not including the ELCA Retirement Plan) 2. Employer contributions to any 401(k) plan 3. Pretax retirement contributions to any 403(b) plan, other than the ELCA Retirement Plan 4. Pretax retirement contributions to any 401(k) plan 5. Pretax flexible spending account contribution (Section 125 plans) For Portico's Use Only Years of service Includible compensation **Current-year contributions** • Total employer • Housing equity ELCA Retirement Plan • Other 401(k) • Other 403(b) • Total FSA amount (health care and dependent care) Total \$ Portion of \$40,000 lifetime limit previously used Portion of \$15,000 lifetime limit on additional deferrals previously used **Prior contributions** • ELCA member paid

Return this completed form to the Portico Service Center. Incomplete or illegible forms may be returned.

Portico Benefit Services 800 Marquette Ave., Ste. 1050 Minneapolis, MN 55402-2892

• Minus after-tax contributions

• Optional adjustments

• Previous member-paid withdrawals (principal)

800.352.2876 / 612.333.7651

F 612.334.5399

mail@PorticoBenefits.org PorticoBenefits.org



Total \$