The Southern Methodist Church Ministerial Retirement Board

Quarterly Contribution Form

Pastoral Year August 1, _____ - July 31, ____

Church _____

Mailing Address

City, State, & Zip				-
Minister				_
Mailing Address				<u> </u>
City, State, & Zip				
Calculation of Base Sa Amounts should be taken to	-		ons	
Total Support of Minister				
LESS Parsonage Allowance			(_)
LESS Hospitalization Insurance				
LESS Travel & Other Expenses Reimbursed				
LESS Other Fringe Benefits or Salary Reductions .			(_)
BASE SALARY			<u> </u>	
Church's Contribution (Base Salary	_ x .06) =			
Minister's Contribution (Base Salary	_ x .03) =			
The Minister's Contribution should be withheld from lead to the Treasurer of the Ministerial Retirement Boa may also have additional amounts withheld from their do so, a Salary Reduction Agreement Form must be church. Please request this form if it is needed.	rd along with r salaries and	the Church's Contribuinvested in the Retirer	ution each quart ment Fund. If t	er. Ministers they choose to
Please circle the Quarter for which this contribution is being sent:	First Aug Oct.	Second Nov Jan.	Third Feb April	Fourth May - July
One quarter (1/4) of Church's Contributio	_		,	
One quarter (1/4) of Minister's Contribution	on	\$		
One quarter (1/4) of Additional Salary Red	duction Amo	unt \$		
Total Amount on check #		\$		
Make check payable to " The Southe	rn Methodist	General Conference	" and mail to:	

This form should be completed in duplicate each quarter - one copy for your records; one copy returned with check. **All Payments Due** Prior to **the End of the Quarter to Qualify for Pro-Rata Shares for that Quarter**

Rev. Dr. Paul D. Thigpen, Treasurer 245 Perryclear Street Orangeburg, SC 29115