

## COMPENSATION FOR PARTICIPATING EMPLOYEES

To: **Christian Brothers Employee Retirement Plan**  
 1205 Windham Parkway  
 Romeoville, IL 60446-1679  
 Fax: 630.378.2507  
 E-Mail: rpscustomerservice@cbservices.org

LOCATION: \_\_\_\_\_

MONTH OF: \_\_\_\_\_ 20\_\_\_\_

PAGE: \_\_\_\_\_ OF: \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

No.	Social Security No.	Employee Name (Please list in alphabetical order by last name)	Compensation (Total earnings)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
TOTAL			\$

3.5% of Total Compensation \$ \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Title: \_\_\_\_\_