DEFINED BENEFIT PLAN

Contribution Ledger

Plan Name:
Plan Year:
Sponsor / Employer Name:
Employer Identification Number (EIN):

TOTAL ACTUARIAL RECOMMENDED CONTRIBUTION

TOTAL ACTUAL CONTRIBUTION DEPOSITED

VARIANCE / OUTSTANDING BALANCE

NO.	PARTICIPANT ID	PARTICIPANT NAME	PLAN YEAR COMPENSATION	REQUIRED CONTRIBUTION (ACTUARIAL)	ACTUAL AMOUNT CONTRIBUTED	DEPOSIT DATE	AUTHORIZATION REFERENCE

Plan Administrator Signature & Date

Enrolled Actuary Signature & Date