

**CONTRIBUTION AND LOAN REMITTANCE FORM**

Employer/Location Name: \_\_\_\_\_ Location Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

*"If you have more than one payroll frequency (i.e., weekly, bi-weekly, monthly, etc), please submit a separate form for each payroll frequency.*

Participant Name	Participant SSN	Payroll Date	Employee Deferral Amount	Employer Contribution Amount	ROTH Amount	Loan Payment	Loan Payment
			BEF 1	ERB 1	RHT 1	LON 1	LON 2
<b>Total of Each Column:</b>							

Total Check Remittance:

Authorized Payroll Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail Checks Payable to Great-West Trust Company, LLC**

Mail to: Great-West Trust Company, LLC  
 PO Box 560877  
 Denver, CO 80256-0877

Overnight to: Great-West Trust Company  
 US Bank  
 10035 E 40<sup>th</sup> Ave, Ste 100  
 Attn: Lockbox #560877 DN-CO-OCLB  
 Denver, CO 80238