

# PSAB - Municipal Retirement Trust

## Form B-3: Contribution Deposit Transmittal

Municipality/Plan Name: \_\_\_\_\_

Plan Number \_\_\_\_\_ (as stated on monthly Schedule of Changes in Net Assets)

Type of Plan: Police \_\_\_\_\_ Non-Uniform/Employee \_\_\_\_\_ Firemen \_\_\_\_\_  
Defined Contribution \_\_\_\_\_ Defined Benefit \_\_\_\_\_

Mail checks, payable to PSAB-MRT, and this form to: PSAB - MRT  
2941 North Front Street  
Harrisburg, PA 17110

### Type of Contribution

**Employer (municipal) Contribution** for plan year ending December 31, 20\_\_\_\_ \$ \_\_\_\_\_ (A)

**State Aid** for plan year ending December 31, 20\_\_\_\_ \$ \_\_\_\_\_ (B)

**Employee Contributions** for period:

From \_\_\_\_\_ To \_\_\_\_\_ \$ \_\_\_\_\_ (C)

Check **Type** of Employee Contributions: **Required** \_\_\_\_\_ OR **Voluntary** \_\_\_\_\_

**Other** (describe completely): \_\_\_\_\_

\_\_\_\_\_  
\$ \_\_\_\_\_ (D)

*Total amount of enclosed check (A+B+C+D)* \$ \_\_\_\_\_

### Distribution

Original to PSAB-MRT, one copy to municipality.