

SBERA WIRE TRANSFER PAYMENT FORM

Wire Instructions	Employer Information	
State Street Bank and Trust PO Box 351 Boston, MA 02101 ABA Number - 011000028 Account Number: 9083-472-2 For Benefit of: SBERA Prime Meridian Account	Bank Number:	
	Bank Name:	
	Transferring Account Number:	
	Date of Transfer	
	Total Amount of Wire Transfer:	

401(k) Payments		Defined Benefit Payments	
Payroll Date:		Month Ending:	
Employee Contributions:	\$	Employee Contributions:	\$
Employer Match:	\$	Normal Cost:	\$
Profit Sharing:	\$	Defined Benefit Plan Subtotal:	\$
QNEC:	\$	Quarterly Assessment Payment:	\$
Loans:	\$	Minus Credit from Previous Quarter:	\$
401(k) Plan Payroll Sub Total:	\$	Total Amount to Defined Benefit Plan:	\$
Quarterly Assessment Payment:	\$		
Minus Voucher Credit:	\$ ()		
Total Amount to 401(k) Plan	\$		

SBERA USE ONLY		
Wire Number:		
Task	Initials	Date Completed
E-Mail File Received:		
Payroll File Entered / Re-formatted:		
Wire Received:		
Wire Moved: (deposit date)		
Wire Approved:		
Date Bank Confirmed:		
Date File Posted:		

SBERA Distribution

Original: Wire Transfer Book

Copies: Accounting