



Fund

**AMERICAN FEDERATION OF MUSICIANS AND EMPLOYERS' PENSION FUND**

**PENSION CONTRIBUTION REMITTANCE FORM**

Signatory Employer Name: \_\_\_\_\_

Payor Employer (If Different): \_\_\_\_\_

Band or Group Name: \_\_\_\_\_

Engagement Date(s): \_\_\_\_\_ Local #: \_\_\_\_\_

Type of Work Performed: \_\_\_\_\_

Musician's Name (Last, First, Middle)	Home Local #	Social Security Number	Scale Wages	Pension Contribution
Leader				
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
<b>Totals =</b>				

Important: Make all checks payable to AFM-EPF and forward contributions to:  
AFM-EPF, P.O. BOX 19155, Newark, NJ 07195-0155

This form may be used to report contributions to the AMF-EPF for work that is not being covered by an AFM National Contract. For all engagements being performed under an AFM National Contract, the appropriate B-Form shall accompany the payment to the AFM-EPF.