



VOLUNTARY POST-TAX CONTRIBUTIONS TO ANNUITY SAVINGS ACCOUNT

State Form 50895 (R8 / 8-15)
Approved by the State Board of Accounts, 2015

INDIANA PUBLIC RETIREMENT SYSTEM
Telephone: (888) 526-1687 (PERF-Toll-free)
(888) 286-3544 (TRF-Toll-free)
E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

*This agency is requesting disclosure of Social Security numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory and this form cannot be processed without it.

NOTE: If you are a member making voluntary after tax contributions, the tax basis on those contributions will generally be recovered over time pursuant to IRS tax basis recovery tables. Depending on certain factors you may recover part of your tax basis upfront in a lump sum. If you have questions about tax basis give us a call.

MEMBER FUND (Choose one)

PERF Hybrid or ASA Only

Teachers' Retirement Fund

INSTRUCTIONS

1. Type or print using black ink.
2. Return this completed form directly to your Payroll or Human Resources department. **DO NOT SEND TO INPRS.**
3. If you need further instruction call customer service, toll-free, at (888) 526-1687 (PERF) or (888) 286-3544 (TRF), Monday – Friday, 8 a.m.- 8 p.m. EST.
4. This form revokes any previous voluntary post-tax contribution directions you have made regarding your Annuity Savings Account (ASA).

MEMBER INFORMATION

Member's name		Social Security number	Pension ID (PID) number
Address	Telephone number with area code	Other telephone number with area code	
City	State	ZIP Code	E-mail address

PAYROLL DEDUCTION ELECTION

- These contributions are limited to 10 percent of your compensation per pay period. The 10 percent maximum includes any additional voluntary contributions, pre-tax or post-tax, elected.
- These contributions do not affect your 3 percent mandatory employee contribution.
- These contributions are **post-tax and remain taxable income for income tax purposes.**
- This contribution level direction may be changed at any time in the future.

Select the additional percentage of compensation that you want to contribute to your ASA along with your 3 percent mandatory contribution. (Check only one.)

1% 2% 3% 4% 5% 6% 7% 8% 9% 10%

END PAYROLL DEDUCTION

I hereby elect to **stop** making voluntary post-tax contributions to my Annuity Savings Account.

MEMBER AFFIDAVIT

I hereby revoke any previous voluntary post-tax contribution directions. I understand that these are voluntary post-tax contributions and remain taxable income for income tax purposes.

Member's signature

Date (mm/dd/yyyy)

**Return this form to your Payroll or Human Resources Department. DO NOT send this form to INPRS.
It will be returned to you and may delay processing of your election.**

**INSTRUCTIONS FOR
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IMPORTANT

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Entry field	Field description
MEMBER INFORMATION	
Member's name	Enter the complete name of the member.
Social Security number	Enter the member's Social Security number.
Pension ID (PID) number	Enter the member's Pension ID (PID) number.
Address, City, State, ZIP Code	Enter the member's street or mailing address.
Telephone number/Other telephone number	Enter telephone numbers including area codes for the member.
E-mail address	Enter the member's e-mail address, if applicable.
START VOLUNTARY CONTRIBUTIONS	
Start voluntary contributions	Check appropriate percentage for contribution.
STOP VOLUNTARY CONTRIBUTIONS	
Cease voluntary contributions	Check box to cease all voluntary contributions.
MEMBER AFFIDAVIT	
Member's signature	The member must sign and date this section of the form.
Date	The member must include the date the form was signed; format = mm/dd/yyyy.

HELPFUL INFORMATION			
	INPRS/PERF	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(888) 526-1687 Toll-free	(800) 829-1040 Toll-free	(317) 233-4018 Indianapolis local
	INPRS/TRF	(800) 829-4477 TeleTax	(317) 232-2240 Tax questions
	(888) 286-3544 Toll-free	(800) 829-4059 TDD (hearing impaired)	(317) 233-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor