



## VOLUNTARY POST-TAX CONTRIBUTION TO ANNUITY SAVINGS ACCOUNT

State Form 50895 (R2 / 08-10)  
Approved by the State Board of Accounts, 2010

### INDIANA PUBLIC RETIREMENT SYSTEM TEACHERS' RETIREMENT FUND

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Indianapolis, IN 46204-2014  
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Web site: [www.inprs.in.gov](http://www.inprs.in.gov)

Your TRF number is required on this form. Without it our agency cannot process your request. To obtain your number, send us a written request including your social security number, date of birth, current address and signature. We will mail you the information.

### INSTRUCTIONS

Complete, sign, and date this form and forward it to the payroll administrator of your school corporation. This form is **not** returned to the Indiana State Teachers' Retirement Fund, but is retained by your school corporation payroll administrator.

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	PID number	
Address		Telephone number with area code	
City	State	ZIP Code	

### PAYROLL DEDUCTION ELECTION

- These contributions are limited to 10 percent of your compensation per pay period.
- 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 voluntary post-tax 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)
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