Voluntary Contributions to Annuity Savings Account

Indiana Public Employees' Retirement Fund

PRIVACY NOTICE
Your Social Security number is requested by this agency in accordance with the requirements of IRS Code 3405. Disclosure is mandatory; this form will not be processed without this information.

INSTRUCTIONS:
1. Please TYPE or PRINT
2. Complete all information. Fill in all circles completely.
3. Return the completed form directly to your Payroll or Human Resources department. ***Do not send it to PERF.***

MEMBER INFORMATION

Social Security Number	Date	
First Name	MI	Last Name
Address		
City	State	ZIP Code
Agency Name and Location	Department	Division

Start Voluntary Contributions

These contributions are limited to ten-percent (10%) of your compensation per pay period. These contributions do not effect your three-percent (3%) mandatory employee contribution. These contributions are post-tax and remain as taxable income for tax purposes. This contribution level direction may be changed at any time in the future.

PLEASE SELECT THE ADDITIONAL PERCENTAGE OF COMPENSATION THAT YOU WISH TO CONTRIBUTE TO YOUR ANNUITY SAVINGS ACCOUNT ALONG WITH YOUR THREE-PERCENT (3%) MANDATORY CONTRIBUTION: (DARKEN THE CORRESPONDING CIRCLE)

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

Stop Voluntary Contributions

I hereby elect to cease making voluntary contributions to my annuity savings account. ○

I hereby revoke any previous voluntary contribution directions and authorize my employer to make payroll deductions in accordance with this form. I understand that I can change my payroll deduction only by completing a new form.

Signature	Date

Return this form to your Payroll or Human Resources department. Do Not send this form to the Public Employees' Retirement Fund. It will be returned to you and may delay processing of your election.