

## VOLUNTARY POST-TAX CONTRIBUTIONS TO DEFINED CONTRIBUTION ACCOUNT

State Form 50895 (R10 / 8-20) Approved by State Board of Accounts, 2020

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

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.

**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, call customer service, toll-free, at (844) GO INPRS.

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MEMBER FUND (Choose one)							
🗌 PERF Hybrid 🛛 🗌 PER	F My Choice	TRF Hybrid	TRF My Choi	ice			
INSTRUCTIONS							
<ol> <li>Type or print using black ink.</li> <li>Return this completed form directly to your Payroll or Human Resources department. DO NOT SEND TO INPRS.</li> <li>If you need further instruction call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.</li> <li>This form revokes any previous voluntary post-tax contribution directions you have made regarding your Defined Contribution Account (DC).</li> </ol>							
	MEMBER II	NFORMATION					
Member's name		Social Security number*		Pension ID (PID) number			
Address	Telephone num	ber with area code	Other telep	Other telephone number with area code			
City	State	ZIP Code	E-mail address				
F	AYROLL DEDU	JCTION ELECTION					
These contributions are limited to 10 percent of your compensation per pay period. The 10 percent maximum includes any additional voluntary pre-tax contributions previously 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 Defined Contribution Account along with your 3 percent mandatory contribution. (Check only one.)							
□ 1% □ 2% □ 3% □ 4	% 🗌 5%	6% 7%	6 🗌 89	% 🗌 9%	□ 10%		
END PAYROLL DEDUCTION							
I hereby elect to <b>stop</b> making voluntary post-tax contributions to my Defined Contribution 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/de	d/уууу)			

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## **INSTRUCTIONS FOR** VOLUNTARY POST-TAX CONTRIBUTIONS TO DEFINED CONTRIBUTION ACCOUNT State Form 50895

IMPORTANT

- 1. Type or print using black ink.
- Return this completed form directly to your Payroll or Human Resources department. DO NOT SEND TO INPRS.
   Questions or changes? Call customer service, toll-free, at (844) GO-INPRS, Monday through Friday, 8 a.m. to 8 p.m. ET.
- 4. This form revokes any previous voluntary post-tax contribution directions you have made regarding your Defined Contribution Account (DC)

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 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.				
PAYROLL DEDUCTION ELECTION					
Start payroll deduction	Check appropriate percentage for your voluntary post-tax deductions.				
END PAYROLL DEDUCTION					
End payroll deduction	Check box to cease all your voluntary post-tax deductions.				
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/TRF	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE		
	(844) GO-INPRS Toll-free	(800) 829-1040 Toll-free	(317) 233-2240 Indianapolis local		
Telephone	(866) 591-9441 Fax Toll-free	(800) 829-4477 TeleTax	(317) 232-8729 Tax questions		
numbers		(800) 829-4059 TDD (hearing impaired)	(317) 232-4952 TDD (hearing impaired)		
			(317) 233-2329 Fax		
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor		