

# VOLUNTARY POST-TAX CONTRIBUTIONS TO DEFINED CONTRIBUTION ACCOUNT

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

#### **INDIANA PUBLIC RETIREMENT SYSTEM**

One North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (844) GO-INPRS (Toll-free)
Fax: (866) 591-9441 (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.

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 mer	mber makir	ng voluntar	v after tax contr	ibutio	ons, the tax t	pasis on	those contribu	ıtions wi	ll generally	be
	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.										
MEMBER FUND (Choose one)											
	☐ PERF	Hybrid		My Choice		TRF Hybrid	I 🗆	TRF My Cho	ce		
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 INFORMATION											
Member's name			Social Security numb			/ numbei	Pension ID (PID) number		number		
Address			Telephone number with area code			ode	Other telephone number with area code				
City			State Z		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 pre-tax contributions previously elected.											
• Thes											
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.)											
☐ 1º	% <u>□</u> 2%	□ 3%	☐ 4 <sup>9</sup>	% <u>□</u> 5%		□ 6%	☐ 7º	% <u>□</u> 89	6	□ 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/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.

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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.
- 2. Return this completed form directly to your Payroll or Human Resources department. **DO NOT SEND TO INPRS.**
- 3. 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							
Telephone numbers	(844) GO-INPRS Toll-free	(800) 829-1040 Toll-free	(317) 233-2240 Indianapolis local							
	(866) 591-9441 Fax Toll-free	(800) 829-4477 TeleTax	(317) 232-8729 Tax questions							
		(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							

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