



VOLUNTARY POST-TAX CONTRIBUTIONS TO DEFINED CONTRIBUTION ACCOUNT

State Form 50895 (R9 / 4-18)
Approved by the State Board of Accounts, 2018

INDIANA PUBLIC RETIREMENT SYSTEM
1 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.

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 My Choice

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 (844) GO-INPRS, 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 Defined Contribution Account (DC).

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 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% 8% 9% 10%

END PAYROLL DEDUCTION

I hereby elect to **stop** 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/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
VOLUNTARY POST-TAX CONTRIBUTIONS TO DEFINED CONTRIBUTION ACCOUNT**

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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.
Payroll Deduction Election	
Start payroll deduction	Check appropriate percentage for voluntary post-tax deductions.
End Payroll Deduction	
End payroll deduction	Check box to cease all 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) 233-4018 Indianapolis local
	(866) 591-9441 Fax Toll-free	(800) 829-4477 TeleTax	(317) 232-2240 Tax questions
		(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