

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
- Complete all information. Fill in all circles completely.
 Return the completed form directly to your Payroll or Hu

MEMBER INFORMATION .			
Social Security Number	Date		
First Name	ME	Last Name	
Address		<u> </u>	
City	State	ZIP Code	
Agency Name and Location	Department	Division	
Start Volu	ntary 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.			
the factor of the perpendict rate of the perpendict rate of the rest of the re			
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: (DA		IRCLE)	
1% 2% 3% 4% 5%	6% 7%	8% 9%	10%
Stop Volur	ntary Contributions		7
I hereby elect to cease making voluntary contributions to my annuity savings account.			
, morely deat to deale making voluntary contin	odions to my annutry sav	rings 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	Dale		

Return this form to the Staff Benefits 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.