



**ANNUITY SAVINGS ACCOUNT (ASA)
QUARTERLY MEMBER STATEMENT OPT-IN**

State Form 55048 (7-12)

INDIANA PUBLIC RETIREMENT SYSTEM
 P.O. Box 7121
 Indianapolis, Indiana 46207-7121
 Telephone: (888) 526-1687 (Toll-free) PERF
 (888) 286-3544 (Toll-free) TRF
 Fax: (800) 386-5127 (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.

INSTRUCTIONS

1. Remove any instruction pages prior to returning the completed form to the Indiana Public Retirement System (INPRS) at this address shown above.
2. Type or print using black ink.
3. This completed form may be mailed to the address or faxed to the number above.

MEMBER INFORMATION

Member's name		Social Security number*	Telephone number with area code
Address			Other telephone number with area code
City	State	ZIP Code	E-mail address

ELECTION TO OPT-IN

Members of the Indiana Public Retirement System may elect to receive their ASA Quarterly Member Statements in the mail. This election may be withdrawn at any time in the future.

By signing below, I am electing to receive my Annuity Savings Account Quarterly Member Statement by mail.

Member's signature <i>(required)</i>	Date <i>(mm/dd/yyyy)</i>
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**INSTRUCTIONS FOR
ANNUITY SAVINGS ACCOUNT (ASA) QUARTERLY MEMBER STATEMENT OPT-IN**

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IMPORTANT

1. Remove any instruction pages prior to returning the completed form to the Indiana Public Retirement System (INPRS).
2. Type or print using black ink.

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.
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.
ELECTION TO OPT-IN	
Member's signature <i>(required)</i>	The member must sign this section of the form.
Date	The member must include the date the form was signed; format = mm/dd/yyyy.