



Wisconsin Retirement System

Voluntary Additional Retirement Contribution Election

To elect to make voluntary additional contributions to the Wisconsin Retirement System (WRS) via payroll deduction complete this form and submit to your institution benefits contact.

Section A: Employee Information	
Employee Name (Last, First, Middle Initial):	
Employee ID:	Institution:

Section B: Election		
	\$ Amount Per Pay Period	Percent of Salary Per Pay Period
Begin Change Stop	\$ _____	_____ %
Effective Date: Note: Enrollment, change, and stop requests take 1-2 pay periods to be processed.		

There is a limit to the amount that can be contributed on an annual basis. Use the Maximum Additional Contribution Worksheet (ET-2566) (etf.wi.gov/publications/et2566.pdf) to determine how much you can contribute. You are responsible for calculating the maximum annual amount of additional contributions can make to the WRS. Over payments will be returned without interest.

For additional information on WRS Voluntary Additional Contributions see the Additional Contributions Brochure (ET-2123) (etf.wi.gov/publications/et2123.pdf).

To make a contribution via personal check complete the Additional Contributions Remittance Form (ET-2545) (etf.wi.gov/publications/et2545.pdf) and submit to the Department of Employee Trust Funds (ETF).

Section C: Signature
<p>Effective with the date indicated above, I hereby authorize the UW System to deduct the amount indicated above as an after-tax voluntary additional contribution to the Wisconsin Retirement System (WRS). I understand that this is not a tax-sheltered annuity. For information on how your voluntary additional contributions will be invested contact the Department of Employee Trust Funds (ETF). For information on participating in the Variable Trust Fund review Variable Trust Fund (ET-4930) (etf.wi.gov/publications/et4930/direct).</p> <p><i>I understand that my WRS Additional contribution will be deducted from every payroll until a new form is filed to change or stop the deduction.</i></p> <p>Signature: _____ Date: _____</p> <p>Telephone Number: _____</p>

– Return this form to your [institution benefits contact](#) –

For Office Use Only						
Deduction Code:	Date Received:	Processor Initials:	Election Amount:	Election Amount:	Deduction Effective Date:	Employee ID:
4S			\$	%		

Copies: Employee File Employee