

IARC Offshore Retirement Plan – Zurich

Voluntary Contribution form

This form is to be completed by non-U.S. taxpayers only.



Use this form to start a new voluntary contribution to your IARC Retirement Plan account through a deduction from your monthly payroll or to change or stop your existing voluntary contribution.

Please note that this is a fillable PDF form that can be downloaded from the aiarc.org website.

Complete section 1 and section 2 or 3 of this form and send a completed, signed form to your Center's AIARC Coordinator by email. *Please note that if your payroll is not processed by AIARC, you will need to send a copy of this form to your Center HR.*

Section 1: Personal Details

AIARC ID:
Family Name:
Forename(s):
Center (Employer) Name:

Section 2: To start a new voluntary contribution

You can make voluntary contributions into the Plan up to a yearly maximum of your annual net salary. Contributions can only be made through monthly payroll deductions. The monthly contribution amount must be in whole dollar amounts (e.g., \$50, \$100, etc.) and cannot exceed your monthly net salary.

Your first voluntary contribution will be invested in the Plan's default fund, the **Target Retirement Fund (TRF)**, which is a diversified investment fund based on when you turn age 65. The TRF automatically rebalances the percentage allocation of the fund to investments that are considered to have less risk as you near age 65. Once your initial contribution is invested, you can switch from the default fund to another investment option on the platform by logging into your ZIO account.

Note: your monthly voluntary contributions cannot be withdrawn from the Plan until you terminate employment from your Center. If you are younger than age 55, you will be assessed a penalty of 33.33% on withdrawals unless you meet certain conditions. Please refer to the IARC Plan Participant Guide for rules on withdrawals.

☐ I want to start making voluntary contributions from my monthly salary in addition to my employer's contribution.

My monthly voluntary contribution amount is: (indicate an amount in the box):

\$

Section 3: To change or stop an existing voluntary contribution

☐ I want to change my existing monthly contribution with a new dollar (\$) amount.

My new monthly contribution amount is (indicate an amount in the box):

\$

☐ I want to stop my existing contribution.

Section 4: Declaration

Please ensure that you have completed all relevant sections of the form and email a signed copy to your Center’s AIARC Coordinator.

By signing below, I understand that a start, change, or stop to my voluntary contribution which is received by AIARC before the payroll and benefits cut-off date for the month will be effective in that month. Otherwise, my contribution request will be effective in the following month.

Signature

Date _____