



ROLLOVER SAVINGS ACCOUNT APPLICATION AND ALLOCATION

State Form 55180 (R6 / 1-17)

Approved by State Board of Accounts, 2017

INDIANA PUBLIC RETIREMENT SYSTEM MY CHOICE RETIREMENT SAVINGS PLAN

P.O. Box 9001

Norfolk, Virginia 23501

Telephone: (888) 286-3544 (Toll-free)

E-mail: questions@inprs.in.gov

Web site: www.inprs.in.gov

*All Social Security numbers are requested by this agency in accordance with the requirements of the Internal Revenue Code 3405. Disclosure is mandatory and this form will not be processed without this information.

GENERAL INSTRUCTIONS

1. Remove the instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown above.
2. Type or print using black ink.
3. Complete all information and place the member's name and Social Security number at the top of each page as requested.
4. Questions or changes? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m. – 8 p.m. EST.

GENERAL INFORMATION

IC 5-10.2-3-10 permits active PERF members to deposit with PERF funds rolled over from any of the following sources:

1. A qualified plan described in Section 401(a) or 403(a) of the Internal Revenue Code.
2. An annuity contract or account described in Section 403(b) of the Internal Revenue Code.
3. An eligible plan maintained by a state, political subdivision of a state, or an agency or instrumentality of a state or political subdivision of a state under Section 457(b) of the Internal Revenue Code.
4. An individual retirement account (IRA) described in Section 408(a) or 408(b) of the Internal Revenue Code.

The funds in your rollover savings account may be invested in any of the current investment options except the Guaranteed Fund. These funds may be withdrawn at any time prior to retirement. At retirement, these funds may be combined with your pension and your Annuity Savings Account (ASA) as part of your total benefit.

MEMBER INFORMATION

Member's name		Social Security number (last 4 digits)*		Pension ID (PID) number	
Address (number and street)			Telephone number with area code ()		Other telephone number with area code ()
City		State	ZIP Code	E-mail address	
Date of birth (mm/dd/yyyy)					

ROLLOVER RULES

You may roll over all or a portion of a distribution from another employer's eligible retirement plan to the Indiana Public Employees' Retirement Fund (PERF) provided that:

- the distribution was not a required minimum distribution, and
- the distribution was not part of a series of substantially equal periodic payments paid over 10 or more years, your lifetime, or the lifetimes of you and your beneficiary.

A rollover contribution may be paid directly from another eligible retirement plan to PERF (direct rollover). Alternatively, you may receive a distribution from another eligible retirement plan and then roll over all or a portion of that distribution to PERF as long as you do so *generally* within 60 days of the date you receive the distribution (indirect rollover). In addition, you may roll over all or a portion of an IRA into PERF. If you have any questions about whether or not a distribution may be rolled over to PERF, contact Customer Service, Toll-free at (888) 526-1687.

ROLLOVER INSTRUCTIONS

1. Request a check from your former plan or IRA institution.
2. **The rollover check (direct rollover check, certified check, or bank check) must be made payable as follows:
INPRS My Choice Retirement Savings Plan FBO [Member name].**
3. Forward this completed form, along with the rollover check and the appropriate documentation, to the following address:

VIA REGULAR MAIL

INDIANA PUBLIC EMPLOYEES' RETIREMENT FUND
Box 360512
Pittsburgh, PA 15251-6512

VIA OVERNIGHT MAIL

INDIANA PUBLIC EMPLOYEES' RETIREMENT FUND
1434 Crossways Blvd.
Chesapeake, VA 23320

Member's name	Social Security number (last 4 digits)*	Pension ID (PID) number
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ROLLOVER INSTRUCTIONS (Continued)

Note: If the check is not made payable in the manner requested or if the required supporting documentation is not provided, the funds will be returned to you. It is your responsibility to contact your previous employer or IRA custodian to make any corrections. This will delay the deposit of the funds to your RSA.

PARTICIPANT FEES

The Department of Labor guidance requires PERF to disclose plan expenses and fees to participants. Please see the Fee Notice on the BenefitsWeb for such disclosures, as described below.

In general, administrative expenses payable by PERF's assets, such as trustee and fund management expenses, are funded by a per-participant fee based on participant's account balances as of January 1 of each plan year. The allocated fee is deducted from each participant's account on the last business day of each calendar quarter and reflected in participant quarterly statements.

For additional information on PERF fees, please see the Fee Notice by going to BenefitsWeb section. Select **Savings**, then **Resource Materials**, then **Documents & Forms** and finally **Reference Materials**.

ROLLOVER SAVINGS ACCOUNT INVESTMENT ELECTION

You decide how to invest your Rollover Contribution. You may invest in as many options as you choose. You may divide your investment in multiples of 1 percent but the total must add up to **100 percent**. If you do not make an investment election or the total percentage of your allocations does not equal 100 percent, your rollover contribution will be invested in the target date fund based on your date of birth.

The Fund cannot guarantee the performance of any of the investment funds. You assume the risk of your investment choices. You should review the Fund Fact Sheets available carefully before investing.

I hereby elect to invest my Rollover Contribution as follows:

Fund	Allocation percent
Fixed Income Fund	%
Inflation Linked Fixed Income Fund	%
International Equity Fund	%
Large Cap Equity Index Fund	%
Money Market Fund	%
Small/Mid Cap Equity Fund	%
Stable Value Fund	%
Target Date Funds:	
Retirement Fund	%
2020 Retirement Fund	%
2025 Retirement Fund	%
2030 Retirement Fund	%
2035 Retirement Fund	%
2040 Retirement Fund	%
2045 Retirement Fund	%
2050 Retirement Fund	%
2055 Retirement Fund	%
2060 Retirement Fund	%
Total	100%

Member's name	Social Security number (last 4 digits)*	Pension ID (PID) number
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MEMBER AFFIDAVIT

I acknowledge that prior to enrolling in the Plan, I received a Passcode which is used to access information about my account and to make requests via the Internet or a CSR. I authorize any account changes, which I indicate through the Internet, or a CSR and consent to a tape recording of all telephone calls.

I hereby certify that all information on this form is true to the best of my knowledge and that this rollover meets the criteria outlined in the RULES section of this form. I understand these investment directions pertain to my Rollover Savings Account (RSA) and **do not** affect my Annuity Savings Account (ASA).

Member's signature	Date (mm/dd/yyyy)
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ROLLOVER CONTRIBUTION ELECTION

Select one of the following four options. If Option 1 or Option 2 is selected, you must indicate the distribution retirement plan type.

1. I hereby elect a **direct rollover** (check is sent directly to the new plan) from my former employer's retirement plan to the Rollover Savings Account (RSA). A check from the distributing plan in the amount of \$ _____ made payable as indicated in the ROLLOVER INSTRUCTIONS section is attached. This Rollover Contribution does not include after-tax money.

2. I hereby elect an **indirect rollover** (check is sent directly to me) from my former employer's retirement plan to the RSA. A check in the amount of \$ _____ made payable as indicated in the ROLLOVER INSTRUCTIONS section is attached.

The distributing retirement plan type referenced in Option 1 or Option 2 as follows:

- Qualified plan under section 401(a) of the IRC (e.g., 401(k), profit sharing, defined benefit plans)
- 403(b) tax-sheltered annuity plan
- 403(a) annuity plan
- Governmental 457 plan

3. I hereby elect a rollover from a **traditional IRA** to the RSA. A check from the IRA in the amount of \$ _____ made payable as indicated in the ROLLOVER INSTRUCTIONS section is attached. (*Roth IRAs may not be rolled over.*)

4. I hereby elect a rollover from a **conduit IRA** to the RSA. A check from the IRA in the amount of \$ _____ made payable as indicated in the ROLLOVER INSTRUCTIONS section is attached.

REQUIRED DOCUMENTATION

Direct Rollover from an eligible retirement plan (For example a section 401(a), 403(b), governmental 457 plan, etc.).

1. Include one or more of the following three items:
 - a. A statement or letter from the plan sponsor or administrator of the distributing retirement plan identifying the name and type of plan and that to the best of their knowledge the funds are eligible for rollover and consists solely of taxable funds.
 - b. IRS favorable determination letter for the originating plan.
 - c. Summary Plan Description (SPD) if the document specifically states the plan type.
2. Certification from the participant that the distribution is not one of a series of periodic payments. Your signature on the *Rollover Savings Account Acceptance and Allocation* (State Form 51003) is your certification.

Indirect Rollover from an eligible retirement plan (provide all of the following):

1. A statement/letter from the distributing plan indicating the gross amount of the distribution and the amount of income tax withheld.
2. Certification from the participant that the distribution is not one of a series of payments, the entire amount is taxable, and the distribution was received within the last 60 days. Your signature on the *Rollover Savings Account Acceptance and Allocation* (State Form 51003) is your certification.

Rollover from an IRA (provide all of the following):

1. Proof that the rollover contains money which consists solely of a taxable distribution from an IRA. Include one of the two items listed below:
 - a. A statement from the IRA company or financial institution on company letterhead, stating that the amount was distributed from an IRA and consists solely of taxable funds.
 - b. A copy of the statement from the IRA company or financial institution showing the amount distributed and distribution date. The statement should clearly indicate that the account is an IRA.
2. Certification from the participant that the distribution is not one of a series of periodic payments, the entire amount is taxable, and the distribution was received within the last 60 days. Your signature on the *Rollover Acceptance* form is your certification.

Member's name	Social Security number (last 4 digits)*	Pension ID (PID) number
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CERTIFICATION BY PLAN ADMINISTRATOR OR FINANCIAL INSTITUTION

I certify that the amount being transferred is an eligible rollover distribution as defined by the Internal Revenue Code and is from a source listed below (*select one*):

- A qualified plan described in Section 401(a) or 403(a) of the Internal Revenue Code.
- An annuity contract or account described in Section 403(b) of the Internal Revenue Code.
- An eligible plan maintained by a state, political subdivision of a state, or an agency or instrumentality of a state or political subdivision of a state under Section 457(b) of the Internal Revenue Code.
- An individual retirement account (IRA) described in Section 408(a) or 408(b) of the Internal Revenue Code.

Plan administrator's or financial institution representative's name		Name of plan or financial institution	
Address			Telephone number with area code ()
City	State	ZIP Code	Other telephone number with area code ()
Plan administrator's or financial institution representative's signature		Date (mm/dd/yyyy)	Amount of investment \$

**INSTRUCTIONS FOR
ROLLOVER SAVINGS ACCOUNT APPLICATION AND ALLOCATION**

State Form 55180

IMPORTANT

1. Remove the instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown on this application.
2. Type or print using black ink.
3. Complete all information and place the member's name and Social Security number at the top of each page as requested.
4. Questions or changes? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m. – 8 p.m. EST.

Entry field	Field description
MEMBER INFORMATION	
Name	Enter the member's complete name.
Social Security number	Enter the last 4 digits of the member's Social Security number.
Pension ID number	Enter the member's pension ID number.
Date of birth	Enter the member's date of birth; format = mm/dd/yyyy.
Address, City, State, ZIP Code	Enter the member's street address and/or mailing address.
Telephone number/Other telephone number	Enter the member's telephone numbers including area codes.
E-mail address	Enter the member's e-mail address.
ROLLOVER SAVINGS ACCOUNT INVESTMENT ELECTION	
Enter the percentage of rollover contribution to be applied to each fund selected from the provided list. The total percentage must equal 100 percent whether applied to one fund or several. If you do not make an investment election or the total percentage of your allocations does not equal 100 percent, your rollover contribution will be invested in the Target Date Fund based on your date of birth.	
The statute which created the rollover savings account investment option did not authorize investment of this money in the Guaranteed Fund. You cannot invest your rollover account in the Guaranteed Fund.	
For complete information about the fund offerings, visit the Investments pages of the INPRS Web site at www.inprs.in.gov .	
MEMBER AFFIDAVIT	
Member's signature	The member must sign and date this section of the form; format = mm/dd/yyyy
ROLLOVER CONTRIBUTION ELECTION	
Select one of the four options. If Option 1 or Option 2 is selected, you must indicate the distribution retirement plan type. If there are any questions about which option to select, contact a financial professional for guidance.	
CERTIFICATION BY PLAN ADMINISTRATOR OR FINANCIAL INSTITUTION	
This section must be completed by the plan administrator or an authorized representative of the financial institution.	
Plan administrator's or financial institution representative's name	Enter the name of the plan administrator or financial institution representative's name.
Name of plan or financial institution	Enter the name of the plan or financial institution.
Address, City, State, ZIP Code	Enter the plan's or financial institution's street or mailing address.
Telephone number/Other telephone number	Enter telephone numbers including area codes for the plan administrator or financial institution representative.
Plan administrator's or financial institution representative's signature	The plan administrator or financial institution representative must sign and date this section of the form.
Date	The plan administrator or financial institution representative must include the date the form was signed in mm/dd/yyyy format.
Amount of investment	Enter the amount of investment being rolled over.

HELPFUL INFORMATION			
	INPRS/PERF	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(888) 526-1687 (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