



**ROLLOVER ACCEPTANCE FOR SERVICE
PURCHASE – 1977 FUND**

State Form 56313 (R3 / 10-22)

**INDIANA PUBLIC RETIREMENT SYSTEM
1977 POLICE OFFICERS' & FIREFIGHTERS'
PENSION & DISABILITY FUND**
One North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (844) GO-INPRS (Toll-free)
Fax: (866) 591-9441 (Toll-free)
E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

* This agency is requesting disclosure of Social Security number in accordance with Internal Revenue Code 3405; disclosure is mandatory and this form cannot be processed without it.

GENERAL INFORMATION

1. Remove the instruction pages included with this form prior to returning the completed form to INPRS.
2. Type or print using black ink. Complete all information as requested.
3. Return the completed form with all signatures and required documents and translations to INPRS at the address shown at the top of this form.
4. This completed, signed, and dated form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on this form. The agency is closed on weekends and holidays, including all State-designated holidays.

MEMBER INFORMATION

Member's name		Social Security number*	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

MEMBER AFFIDAVIT

Pursuant to [IC 36-8-8](#) and to the extent permitted by the Internal Revenue Code and the applicable regulations, INPRS, on behalf of any active member, will accept a rollover distribution for the purchase of service from any of the following:

1. A qualified plan described in Section 401(a) or Section 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, a 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 or annuity described in Section 408(a) or Section 408(b) of the Internal Revenue Code.

The 1977 Police Officers' and Firefighters' Pension and Disability Fund is a qualified governmental retirement plan as described in Section 401 (a) of the Internal Revenue Code. Copies of the *Fund Qualification Letters* are available for inspection upon request.

The 1977 Fund does not have any responsibility or liability with respect to the federal and state income tax consequences of any transfer made to the fund. Rollover funds may not include any post-tax contributions. The rollover contributions may contain only tax-deferred contributions and earnings on contributions and may not contain post-tax contributions. Contributions for a service purchase must be in compliance with IRC 415 limits.

Make checks payable to the 1977 Police Officers' and Firefighters' Pension and Disability Fund:
1977 Police and Fire Pension Fund FBO (*Member's Name*)

The signature below by the INPRS member certifies and acknowledges the member's agreement to transfer the member's qualified plan, account, or annuity to the 1977 Fund as indicated on this form. The signature below by an authorized representative of INPRS signifies that INPRS will accept your requested rollover distribution for the purchase of service credit to be used for the calculation of future pension benefits from the 1977 Police Officers' and Firefighters' Pension and Disability Fund. Documentation of the service purchase cost must accompany this form. Payments will be accepted in amounts up to but not exceeding the cost of the service purchase. Checks payable in net amounts exceeding the total due to complete the service purchase will be returned to the issuing financial institution(s).

Member's signature	Date (mm/dd/yyyy)
INPRS authorized signature	Date (mm/dd/yyyy)

IC 36-8-8

**INSTRUCTIONS FOR
ROLLOVER ACCEPTANCE FOR SERVICE PURCHASE – 1977 FUND**

State Form 56313

IMPORTANT

1. Remove the instruction pages included with this form prior to returning the completed form to Indiana Public Retirement System (INPRS) at the address shown on this form.
2. Type or print using black ink. Complete all information requested on the form.
3. Return the completed form with all signatures and required documents and translations to INPRS at the address shown at the top of this form.
4. This completed, signed, and dated form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
5. Return the completed form with all signatures and required documents and translations to INPRS at the address shown at the top of this form.

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*.
Pension ID (PID) number	Enter the member's Pension ID (PID) number.
Address, City, State, ZIP Code	Enter the member's 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.
MEMBER AFFIDAVIT	
Read the information contained in this section prior to signing the affidavit.	
Member's signature	The member must sign and date this section of the form.
Date	The member must include the date the form was signed; format = mm/dd/yyyy.
INPRS authorized signature	The form must be signed and dated by an authorized INPRS representative
Date	The signature of the authorized INPRS representative must be dated; format = mm/dd/yyyy.

HELPFUL INFORMATION			
	INPRS/1977 FUND	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE
Telephone numbers	(844) GO-INPRS 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