

1977 POLICE OFFICERS' & FIREFIGHTERS' FUND (1977 FUND) REQUEST TO PURCHASE PRIOR IN-STATE SERVICE CREDIT

State Form 56534 (R8 / 10-25)

INDIANA PUBLIC RETIREMENT SYSTEM 1977 POLICE OFFICERS' & FIREFIGHTERS' PENSION & DISABILITY FUND

One North Capitol, Suite 001 Indianapolis, IN 46204-2014 Telephone: (844) GO-INPRS, (844) 464-4777 (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 numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory, and this form cannot be processed without it.

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 on this form.
- 2. Type or print using black ink. Complete all information and place the Member's name, Social Security number and Pension ID number at the top of each page as requested.
- 3. Complete the MEMBER INFORMATION AND AUTHORIZATION TO RELEASE INFORMATION section of this form. Have your current employer complete the CURRENT EMPLOYER INFORMATION AND CERTIFICATION section of this form and your previous employer complete the PRIOR EMPLOYER INFORMATION AND CERTIFICATION section of this form. If any of your service with a prior employer was covered by a public employee or government-sponsored retirement plan, that plan must complete the PUBLIC EMPLOYEES' RETIREMENT SYSTEM CERTIFICATION section 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 the form. The agency is closed on weekends and holidays, including all State-designated holidays.
- 5. Questions? Call customer service, Toll-free at (844) GO-INPRS, (844) 464-6777, Monday through Friday.

3. Questions: Call customer service, Foll-free at (074) CO-INT NO, (074) 404-0777, Monday tillought inday.										
MEMBER INFORMATION AND AUTHORIZATION TO RELEASE INFORMATION										
Member name			So	cial S	Security number	(last 4	digits)*	Pension ID (PID) number		
Address (number and street or post office box)			Telephon	e nur	nber with area	Numbe	r of years to be purchased			
City		State	ZIP Cod	e	E-mail addre	SS				
S.I.y		- 10.10								
Marital Status (about anticana)	Spouse name	(if applies	hla)			Spou	oo data	of hirth (mm/dd/sass)		
Marital Status (check only one)	Spouse name	(п аррпса	bie)			Spou	ouse date of birth (mm/dd/yyyy)			
☐ Single ☐ Married										
I authorize the release of any and service credit.	all information	as request	ted by the F	und	pertaining to my	/ applic	ation to	purchase prior in-state		
Member signature							Date (mm/dd/yyyy)			
3								, , , , , , , , , , , , , , , , , , , ,		
The current IRC section 415(c)(1) your allowed limit of post-tax cont IRC 401(a)(17)? FAQ on the INPI	ributions to a 40									
This means that you may not submit a check, or other after-tax money, to INPRS in an amount more than the IRC 415(c)(1)(A) limit in one year. The limit is adjusted annually. Refer to www.irs.gov for the appropriate year.										
CI	JRRENT EMP	I OVED I	NEODMA	TION	I AND CEPTI	FICAT	ION			
** The first-class salary for the un		LOILINI	INI OINIMA	1101	AND CENT	IIOAI	1011			
Employer name	π.							Employer account number		
Employer name								employer account number		
Address (number and street)						Telep	hone n	umber with area code		
City		State		7IP	Code	F-ma	il addre	SS.		
,		3.0.0								
Employee position title			I.		Date of hire (m	nm/dd/yy	ууу)	Employee annual salary**		
· ·					·			\$		

1977 POLICE OFFICERS' & FIREFIGHTERS' FUND (1977 FUND) REQUEST TO PURCHASE PRIOR IN-STATE SERVICE CREDIT

State Form 56534

Member name			Social Security number (last 4 di				4 digits)* Pension ID (PID) number				
CURRENT EMPLOYER INFORMATION AND CERTIFICATION (Continued)											
I certify that the employee (member) named on this form is employed by us in a 1977 Fund-covered position.											
Authorized agent signature Date (mm/dd/yyyy)											
Authorized agent name (printed) Authorized agent title					Teleph	Telephone number with area code					
PRIOR EMP	LOYER INF	FORM	ATION AI	ND CE	RTIFIC	ATION					
PRIOR EMPLOYER INFORMATION AND CERTIFICATION Employer name											
Address (number and street)					٦	elephone	ephone number with area code				
City	State	ZIF	^o Code	E-ma	il addres	S					
Please list each period of full-time employment	in a position	as a f	ully paid poi	lice offi	cer or fire	fighter.					
TITLE OF POSITION			vice start d nm/dd/yyyy)			ce end da n/dd/yyyy)	e end date T			otal service rs/months/days)	
Were any of these positions covered by a public If Yes, the PUBLIC EMPLOYEES' RETIREMEN	NT SYSTEM	CERT	IFICATION	section	n must be	complete					
I certify to the Indiana Public Retirement System						on and Dis	ability	Fund th	nat ac	cording to	
official records the employee (member) named Authorized agent signature	on this lorni	was ei	npioyed as	SHOWI	1.	Date (m	m/dd/v	/V/V)			
, ramonizod agom olginataro						Bate (#		<i>333/</i>			
Authorized agent name (printed)	Authorized	agent	title			Telepho	Telephone number with area code				
PUBLIC EMPLOYEES' RETIREMENT SYSTEM CERTIFICATION This section is to be completed by the authorized agent of the plan from which the employee (member) named in this form received									received		
service credit for the position(s) listed above.							Years	s	Months		
Indicate the service balance (years/months) prior to withdrawal from the Plan.											
Was any of this service purchased, transferred, or carried over from another system?											
System from which service was purchased, transferred or carried over and the years/months transferred. Years Months											
Is this person entitled to a retirement from your system based on the above service?											
Has this person taken a distribution from your system? ☐ Yes ☐ No											
Name of retirement fund or plan											
Address (number and street)			City				State	е	ZIP	Code	
I certify to the Indiana Public Retirement System/1977 Police Officers' and Firefighters' Pension and Disability Fund that according to official records the information provided in this section is true and correct.											
Authorized agent signature					Date (Date (mm/dd/yyyy)					
Authorized agent name (printed)	nt name (printed) Authorized agent title				Teleph	Telephone number with area code					
i											

IC 36-8-8-8.6

1977 POLICE OFFICERS' & FIREFIGHTERS' FUND (1977 FUND) REQUEST TO PURCHASE PRIOR IN-STATE SERVICE CREDIT

State Form 56534

GENERAL INFORMATION

<u>IC 36-8-8-8.6</u> provides for the purchase of prior Indiana service credit with the 1977 Police Officers' and Firefighters' Pension and Disability Fund (1977 Fund). In order to qualify for the purchase of this credit, you must meet the following criteria:

- 1. You must have at least one year of credited service in the 1977 Fund.
- 2. Your prior service must be in the State of Indiana in a comparable position for which you would receive service credit in the 1977 Fund if the service had been performed for an employer that participates in the 1977 Fund.

A fund member must have at least 20 years of service before the fund member may receive a benefit based on service credit purchased under this section.

A fund member may not receive service credit under this section if the service for which the fund member requests credit also qualifies the fund member for a benefit in another governmental retirement system other than under the federal Social Security Act.

A fund member who: (1) terminates service before satisfying the eligibility requirements necessary to receive a retirement benefit payment from the 1977 Fund; or (2) receives a retirement benefit for the same service from another retirement system, other than under the federal Social Security Act; may withdraw the fund member's contributions made under this section plus accumulated interest after submitting to the 1977 Fund a properly completed application for a refund.

Procedures for Purchase of Service

Complete the MEMBER INFORMATION AND AUTHORIZATION TO RELEASE INFORMATION section of this form. Have your current employer complete the CURRENT EMPLOYER INFORMATION AND CERTIFICATION section of this form and your previous employer complete the PRIOR EMPLOYER INFORMATION AND CERTIFICATION section of this form. If any of your service with a prior employer was covered by a public employee or government-sponsored retirement plan, that plan must complete the PUBLIC EMPLOYEES' RETIREMENT SYSTEM CERTIFICATION section. INPRS will calculate the cost of the service and return a purchase agreement to you. If you want to purchase the service, you must complete the agreement and return it to INPRS with your payment.

To the extent permitted by the Internal Revenue Code and the applicable regulations, the 1977 Fund may accept, on behalf of a fund member who is purchasing service credit, a rollover of a distribution from any of the following:

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

To the extent permitted by the Internal Revenue Code and the applicable regulations, the 1977 Fund may accept, on behalf of a fund member who is purchasing service credit, a trustee-to-trustee transfer from any of the following:

- An annuity contract or account described in Section 403(b) of the Internal Revenue Code.
- An eligible deferred compensation plan under Section 457(b) of the Internal Revenue Code.

Distributions

A fund member who terminates service before satisfying the eligibility requirements necessary to receive a retirement benefit payment from the 1977 Fund; or receives a retirement benefit for the same service from another retirement system, other than under the federal Social Security Act; may withdraw the contributions made for the purchase plus accumulated interest after submitting a properly completed application to the 1977 Fund.

INSTRUCTIONS FOR

1977 POLICE OFFICERS' & FIREFIGHTERS' FUND (1977 FUND) REQUEST TO PURCHASE PRIOR IN-STATE SERVICE CREDIT

State Form 56534

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 form.
- Type or print using black ink. Complete all information and place the Member's name, Social Security number and Pension ID number at the top of each page as requested.
- 3. This completed, signed, and dated form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on the form. The agency is closed on weekends and holidays, including all State-designated holidays.
- 4. Questions? Call customer service, Toll-free at (844) GO-INPRS, (844) 464-6777, Monday through Friday.

Entry field Field description					
MEMBER INFORMATION AND AUTHORIZATION TO RELEASE INFORMATION					
Member name	Enter the member's complete name.				
Social Security number*	Enter the last four digits of the member's Social Security number.*				
Pension ID (PID) number	Enter the member's Pension ID (PID) number, if known.				
Address, City, State, ZIP Code	Enter the member's mailing address.				
Telephone number	Enter the member's telephone number including area code.				
Number of years to be purchased	Enter the number of years of service credit being purchased.				
E-mail address	Enter the member's e-mail address, if applicable.				
Marital Status	Check the box for the member's current legal marital status as "single" or "married"				
Spouse name	If married, enter the spouse's full name				
Spouse date of birth	If married, enter the spouse's date of birth, format = mm/dd/yyyy				
Member's signature	The member must sign and date this section of the form; format = mm/dd/yyyy.				
Date	The member must sign and date this section of the form; format = mm/dd/yyyy.				

The current IRC section 415(c)(1)(A) after tax contribution limit is available from www.irs.gov. You must determine if this cost is in your allowed limit of post-tax contributions to a 401(a). Refer to the What are the annual compensation limits for all INPRS funds per IRC 401(a)(17)? FAQ on the INPRS website.

This means that you may not submit a check, or other after-tax money, to INPRS in an amount more than the IRC 415(c)(1)(A) limit in one year. The limit is adjusted annually. Refer to www.irs.gov for the appropriate year.

, , , , , , , , , , , , , , , , , , , ,						
CURRENT EMPLOYER INFORMATION AND CERTIFICATION						
Employer name	Enter the full name of the current employer.					
Employer account number	This is the employer's account number with INPRS/1977 FUND.					
Address, City, State, and ZIP Code	Enter the employer's mailing address.					
Telephone number	Enter the employer's telephone number with area code.					
E-mail address	Enter the employer's e-mail address					
Employee position title	Enter the employee's position title.					
Date of hire	Enter the employee's date of hire for the current employer; date format = mm/dd/yyyy.					
Employee annual salary	Enter the first-class salary for the unit.					
Authorized agent signature	This form must be signed and dated by the employers' authorized agent; date format = mm/dd/yyyy.					
Date This form must be signed and dated by the employers' authorized age = mm/dd/yyyy.						
Authorized agent printed name	This form must include the printed name of the authorized agent.					
Authorized agent title	This form must include the authorized agent's title.					
Telephone number	Enter the authorized agent's telephone number with area code.					
PRIOR I	EMPLOYER INFORMATION AND CERTIFICATION					
Employer name	Enter the full name of the prior employer.					
Address, City State, and ZIP Code	Enter the employer's mailing address.					
Telephone number	Enter the employer's telephone number with area code.					
E-mail address	Enter the employer's e-mail address					
Title of position	Enter the employee's position title for each period of employment.					
Start date	Enter the start date for each period of employment; format = mm/dd/yyyy.					
End date	Enter the end date for each period of employment; format = mm/dd/yyyy.					
Total service	Enter the amount of service in years, months, and days					
Authorized agent signature	This form must be signed and dated by the employers' authorized agent; date format = mm/dd/yyyy.					
Date	This form must be signed and dated by the employers' authorized agent; date format = mm/dd/yyyy.					
Authorized agent printed name	This form must include the printed name of the authorized agent.					
Authorized agent title	Enter the authorized agent's title for this employer.					

INSTRUCTIONS FOR 1977 POLICE OFFICERS' & FIREFIGHTERS' FUND (1977 FUND) REQUEST TO PURCHASE PRIOR IN-STATE SERVICE CREDIT

State Form 56534

Entry field	Field description					
Telephone number	Enter the authorized agent's telephone number with area code.					
PUBLIC EMPLOYEES' RETIREMENT SYSTEM CERTIFICATION						
This section is completed by the fund or plan referred to in the PRIOR EMPLOYER INFORMATION AND CERTIFICATION section.						
Indicate the service balance	Enter the service balance in Years/Months prior to withdrawal from the Plan.					
Was any of this service purchased	Select Yes or No .					
System from which service was purchased	Enter the name of the system and indicate the Years/Months transferred.					
Is this person entitled to a retirement	Select Yes or No .					
Has this person taken a distribution	Select Yes or No.					
Name of retirement fund or plan	Enter the name of the fund or plan from which the member withdrew.					
Address, City, State, ZIP Code	Enter the plan's mailing address, city, state, and ZIP Code.					
Authorized agent signature	This form must be signed and dated by the plan's authorized agent; date format = mm/dd/yyyy.					
Date	This form must be signed and dated by the plan's authorized agent; date format = mm/dd/yyyy.					
Authorized agent printed name	This form must include the printed name of the authorized agent.					
Authorized agent title	Enter the authorized agent's title.					
Telephone number	Enter the authorized agent's telephone number with area code.					

HELPFUL INFORMATION								
	INPRS/1977 FUND	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE					
	(844) GO-INPRS (Toll-free)	(800) 829-1040 (Toll-free)	(317) 233-2240 Indianapolis local					
Telephone	(844) 464-6777 (Toll-free)	(800) 829-4477 TeleTax (Toll-free)	(317) 232-8729 Tax questions					
numbers	(866) 591-9441 Fax (Toll-free)	(800) 829-4059 TDD (Toll-free) hearing impaired	(317) 232-4952 TDD (hearing impaired)					
			(317) 233-2329 Fax					
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor					