Reset Form

INPRS
INDIANA PUBLIC RETIREMENT SYSTEM

State Form 56772 (R / 5-20)

Legislators' Retirement System - (454556)

ROLLOVER CONTRIBUTION

Defined Contribution Account

PERSONAL INFORMATION (*Please print clearly using black or blue ink.*)

NAME: _____ **SOCIAL SECURITY NUMBER*:** _____

ADDRESS (*number and street*): _____ **APARTMENT:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

DAY TELEPHONE: _____ **EVENING TELEPHONE:** _____

E-MAIL: _____

PENSION ID: _____ **DATE OF BIRTH:** _____/_____/_____

INSTRUCTIONS

*Your Social Security number is being requested by this agency pursuant to the requirements of IRS Code 3405. This disclosure is mandatory and this form cannot be processed without this information.

1. Contact your former employer, plan administrator, or financial institution to request and receive a rollover distribution check. You will need to provide the correct payee information for your rollover. The rollover check should be mailed directly to you and payable as follows:
   - INPRS FBO (Your Name)
2. Obtain required documentation. Your former employer or financial institution should provide you with proof of plan qualification and taxability. Proof of plan qualification status is typically documented in a copy of the plan's IRS Letter of Determination, a signed letter from your employer or prior Plan Administrator and/or your rollover distribution statement. Proof of taxability is typically documented in your rollover distribution statement.
3. Write the last four digits of your Social Security Number on the rollover check.
4. Personal checks will not be accepted and will be returned to you.

PLEASE NOTE: AN INCOMPLETE APPLICATION, INSUFFICIENT DOCUMENTATION, A MISSING CHECK OR A CHECK WITH INCORRECT PAYEE INFORMATION MAY RESULT IN A DELAY IN POSTING FUNDS TO YOUR ACCOUNT OR THE RETURN OF YOUR APPLICATION AND/OR CHECK.

PROOF OF PLAN QUALIFICATION AND TAXABILITY

Plan qualification: Your rollover contribution to the Plan must be from another qualified plan or IRA. The Plan accepts rollover contributions from a 401(a) plan, 401(k) plan, 403(b) plan, 457(b) governmental plan, traditional IRA, or conduit IRA. If you choose to rollover an eligible plan payment that was paid to you, it will be treated as an indirect rollover which must be completed within sixty (60) days after you received the payment.

Taxability: You must provide documentation that details the taxability of the funds to be rolled over indicating: pre-tax.

You may need to contact your former employer, plan administrator, or financial institution to provide you with this information which must accompany this application and rollover check.

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INVESTMENT FUND ELECTIONS (MUST TOTAL 100%)

I elect to make a rollover contribution to the Indiana Legislators' Retirement System in the amount of: $_____

If you do not designate fund elections or elections do not total 100%, your rollover contribution allocation will default to the appropriate Retirement fund, based on a presumed age of 65.

STABLE VALUE FUND	_____	.00%	**2025 RETIREMENT FUND**	_____	.00%
FIXED INCOME FUND	_____	.00%	**2030 RETIREMENT FUND**	_____	.00%
MONEY MARKET FUND	_____	.00%	**2035 RETIREMENT FUND**	_____	.00%
INFLAT LNKD FIX INCOME FD	_____	.00%	**2040 RETIREMENT FUND**	_____	.00%
LARGE CAP EQUITY IND FUND	_____	.00%	**2045 RETIREMENT FUND**	_____	.00%
SMALL/MID CAP EQ FUND	_____	.00%	**2050 RETIREMENT FUND**	_____	.00%
INTERNATIONAL EQ FUND	_____	.00%	**2055 RETIREMENT FUND**	_____	.00%
RETIREMENT FUND	_____	.00%	**2060 RETIREMENT FUND**	_____	.00%
2015 RETIREMENT FUND	_____	.00%	**2065 RETIREMENT FUND**	_____	.00%
2020 RETIREMENT FUND	_____	.00%	**TOTAL**		**100%**

AUTHORIZATION

I certify that the amount of my rollover contribution represents only money that is eligible to be rolled over into the Plan. If any of the money is subsequently determined to be ineligible for rollover, I understand that the Plan will distribute the ineligible amount and any attributable earnings, if applicable.

PARTICIPANT SIGNATURE _____ **DATE** _____

(month, day, year)

If you have any questions, please go online at MyINPRSretirement.org or call the Indiana Public Retirement System Service Center at 1-844-GO-INPRS (TTY/TTD users call 1-800-579-5708). Customer Service Associates are available Monday through Friday, 8:00 A.M. to 8:00 P.M. Eastern Time (excluding stock market holidays).

CHECKLIST

PLEASE REVIEW YOUR APPLICATION CAREFULLY.

- ❑ Completed the Personal Information section, **and**
- ❑ Contacted your former employer or financial institution, **and**
- ❑ Completed the Investment Fund Elections section, **and**
- ❑ Included your rollover check (made payable to INPRS F.B.O. (Your Name)), **and**
- ❑ Included proof of plan qualification documenting the source of your rollover contribution such as: 401(a) plan, 401(k) plan, 403(b) plan, 457governmental plan, traditional IRA, or conduit IRA (IRS Letter of Determination, letter from plan's prior record keeper, or distribution statement), **and**
- ❑ Included proof of taxability detailing the taxability of funds to be rolled over such as: pre-tax. (Letter from plan's prior record keeper, and/or rollover distribution statement), **and**
- ❑ Signed and dated the Rollover Contribution form

If your rollover check or any of the above required information or documentation is missing from your application, there will be a delay in processing your rollover contribution and your application and/or check may be returned to you.

If your application is complete, please mail the application and any required documentation to:

VIA MAIL
Voya Financial
Attn: Indiana Public Retirement System
P.O. Box 55772
Boston, MA 02205-5772

VIA OVERNIGHT DELIVERY
Voya Financial
Attn: Indiana Public Retirement System
30 Braintree Hill Office Park
Braintree, MA 02184-8747