



Legislators' Retirement System - (454556)
ROLLOVER CONTRIBUTION FORM
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 (MM/DD/YYYY): _____

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.

INVESTMENT FUND ELECTIONS (MUST TOTAL 100%)

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

Listed below are the funds and percentages selected for my rollover contribution. If the percentages provided do not total 100% or I do not choose any funds listed below, my rollover contribution will be allocated to my current investment elections I have on record with the Indiana Public Retirement System.

STABLE VALUE FUND	_____ .00%	2030 RETIREMENT FUND	_____ .00%
FIXED INCOME FUND	_____ .00%	2035 RETIREMENT FUND	_____ .00%
MONEY MARKET FUND	_____ .00%	2040 RETIREMENT FUND	_____ .00%
INFLAT LNKD FIX INCOME FD	_____ .00%	2045 RETIREMENT FUND	_____ .00%
LARGE CAP EQUITY IND FUND	_____ .00%	2050 RETIREMENT FUND	_____ .00%
SMALL/MID CAP EQ FUND	_____ .00%	2055 RETIREMENT FUND	_____ .00%
INTERNATIONAL EQ FUND	_____ .00%	2060 RETIREMENT FUND	_____ .00%
RETIREMENT FUND	_____ .00%	2065 RETIREMENT FUND	_____ .00%
2020 RETIREMENT FUND	_____ .00%	2070 RETIREMENT FUND	_____ .00%
2025 RETIREMENT FUND	_____ .00%	TOTAL	100%

Note: If fund elections are not on file, your rollover contribution allocation will default to the appropriate Retirement fund, based on a presumed age of 65.

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'S SIGNATURE _____ **DATE (mm/dd/yyyy)** _____

If you have any questions, please go online at MyINPRRetirement.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, 457 governmental 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
 PO Box 990071
 Hartford, CT 06199

VIA OVERNIGHT DELIVERY

Voya Financial
 Attn: Indiana Public Retirement System
 One Orange Way
 Windsor, CT 06095