



ROLLOVER SAVINGS ACCOUNT ACCEPTANCE AND ALLOCATION

State Form 52178 (R9 / 10 -16)
Approved by State Board of Accounts, 2016

INDIANA PUBLIC RETIREMENT SYSTEM

PO Box 9001
Norfolk, Virginia 23501
Telephone: (888) 286-3544 (Toll-free)
Fax: (866) 591-9441 (Toll-free)
E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

Select one: Public Employees' Retirement Fund (PERF)
 Teachers' Retirement Fund (TRF)

* 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.

GENERAL INSTRUCTIONS

1. Type or print using black ink.
2. Complete all information and place the member's name and Social Security number at the top of each page as requested.
3. Customer Service hours of operation are Monday - Friday, 8 a.m. - 8 p.m. EST.

GENERAL INFORMATION

IC 5-10.2-3-10 permits active INPRS members to deposit Rollover Funds 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.

These funds may be withdrawn at any time prior to retirement.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* XXX-XX- | Pension ID (PID) number |
| Address (number and street) | | | |
| City | State | ZIP Code | Date (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 Retirement System (INPRS) 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 INPRS (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 INPRS 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 INPRS. If you have any questions about whether or not a distribution may be rolled over to INPRS, contact Customer Service at the number listed above.

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 FBO [Member name].**
3. Forward the completed *Rollover Savings Account Acceptance and Allocation (State Form 52178)*, along with the rollover check and the appropriate documentation to the following address:

VIA REGULAR MAIL

Mellon INDIANA PUBLIC RETIREMENT SYSTEM
Box 360512
Pittsburgh, PA 15251-6512

VIA OVERNIGHT MAIL

Bank of New York
Pittsburgh Lockbox
ATTN: Lockbox 360512
500 Ross Street 154-0455
Pittsburgh, PA 15251-6512

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.

| | | |
|---------------|------------------------------------|-------------------------|
| Member's name | Social Security number* XXX-XX- | Pension ID (PID) number |
|---------------|------------------------------------|-------------------------|

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 52178) 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 52178) 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 sixty (60) days. Your signature on the *Rollover Acceptance* form is your certification.

| | | |
|---------------|------------------------------------|-------------------------|
| Member's name | Social Security number* XXX-XX- | Pension ID (PID) number |
|---------------|------------------------------------|-------------------------|

Note: If you are submitting rollovers from multiple sources, please complete this page for each rollover.

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.

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 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)

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

State Form 52178

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. Customer Service hours of operation are Monday – Friday, 8 a.m. – 8 p.m. EST.

| Entry field | Field description |
|---|--|
| MEMBER INFORMATION | |
| Member's name | Enter the complete name of the member. |
| Social Security number | Enter the member's nine-digit Social Security number. |
| Pension ID number | Enter the member's pension ID number, formerly the PERF number. |
| Address, City, State, ZIP Code | Enter the street address and/or mailing address of the member. |
| Date | Enter the date of the application in mm/dd/yyyy format. |
| 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. | |
| 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. |
| Date | The member must include the date the form was signed in mm/dd/yyyy format. |

CHANGES TO INFORMATION: If you have any changes to the information on the application such as name or address, contact customer service, Toll-free, at (888) 526-1687. Notifying INPRS will ensure that you receive correct and important information regarding your Rollover Savings Account in the future.

| 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 |