Reset Form

ROLLOVER SAVINGS ACCOUNT ACCEPTANCE AND ALLOCATION

State Form 52178 (R7 / 1-15)
Approved by State Board of Accounts, 2015

INDIANA PUBLIC RETIREMENT SYSTEM
TEACHERS' RETIREMENT FUND
1 North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (888) 526-1687 (Toll-free)
Fax: (866) 591-9441 (Toll-free)
E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

All Social Security numbers are requested by this agency in accordance with the requirements of the Internal Revenue Code 3405. Disclosure is mandatory and this form will not be processed without this information.

MEMBER INFORMATION

Name of member	Social Security number		Pension identification (PID) number
Address *(number and street)*			Date of birth *(mm/dd/yyyy)*
City	State	ZIP code	Telephone number with area code

ROLLOVER RULES

You may roll over all or a portion of a distribution from another employer's eligible retirement plan to the Indiana State Teachers' Retirement Fund (TRF) 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 ten (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 TRF (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 TRF as long as you do so *generally* within sixty (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 TRF. If you have any questions about whether or not a distribution may be rolled over to TRF, contact a Customer Service Representative (CSR) toll-free at (888) 286-3544.

PAYMENT 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 TRF FBO [Member's 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
INDIANA STATE TEACHERS' RETIREMENT FUND
Box 360512
Pittsburgh, PA 15251-6512

VIA OVERNIGHT MAIL
BANK OF NEW YORK MELLON
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.

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.

Name of member	Social Security number	Pension identification (PID) number

REQUIRED DOCUMENTATION *(continued)*

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 Contribution Form* is your certification.

ROLLOVER CONTRIBUTION ELECTION

☐ 1. I hereby elect a **direct rollover** 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 PAYMENT INSTRUCTIONS section is attached.
This Rollover Contribution does not include after-tax money.

☐ 2. I hereby elect an **indirect rollover** from my former employer's retirement plan to the RSA. A check in the amount of $ _____ made payable as indicated in the PAYMENT INSTRUCTIONS section is attached.

The distributing retirement plan type referenced in item 1 or 2 above is 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 PAYMENT 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 PAYMENT INSTRUCTIONS section is attached.

Name of member	Social Security number	Pension identification (PID) number

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	%
Target Date Funds:	
TRF Retirement Fund	%
TRF 2020 Fund	%
TRF 2025 Fund	%
TRF 2030 Fund	%
TRF 2035 Fund	%
TRF 2040 Fund	%
TRF 2045 Fund	%
TRF 2050 Fund	%
TRF 2055 Fund	%
TRF 2060 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).

Signature of member	Date *(mm/dd/yyyy)*

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