



## PUBLIC EMPLOYEES' RETIREMENT FUND REQUEST TO PURCHASE OUT OF STATE SERVICE CREDIT

State Form 48789 (R16 / 1-25)

### INDIANA PUBLIC RETIREMENT SYSTEM PUBLIC EMPLOYEES' RETIREMENT FUND

One North Capitol Avenue, Suite 001  
Indianapolis, IN 46204-2014  
Telephone: (844) GO-INPRS (Toll-free)  
Fax: (866) 591-9441 (Toll-free)  
E-mail: [questions@inprs.in.gov](mailto:questions@inprs.in.gov)  
Web site: [www.inprs.in.gov](http://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 above.
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. 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 at (844) GO-INPRS, (844) 464-6777, Monday through Friday.

### GENERAL INFORMATION

[IC 5-10.3-7-4.5](#) and [IC 5-10.3-7-9.5](#) provide for the purchase of out-of-state service credit with the Public Employees' Retirement Fund (PERF Hybrid). To qualify for the purchase of this credit, you must meet the following criteria:

1. You must currently be employed in a PERF Hybrid-covered position.
2. You must have at least one year of PERF Hybrid or Teachers' Retirement Fund (TRF Hybrid) service.
3. Prior service in another state must be from a comparable position that would be creditable service with PERF Hybrid if performed in Indiana.
4. You are no longer eligible to use those years to claim a retirement benefit from any other retirement system or fund.

This service may not be used in claiming a retirement benefit until payment in full has been made and you have accumulated ten years of service, not including any purchased service.

#### 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 of this form. When all parts are complete, return the form to the address shown on this form. INPRS will calculate the cost of the service and return a purchase agreement to you. If you want to purchase service, you must complete the agreement and return it to the address on the agreement together with your payment.

The funds used for the purchase may come from a rollover of a member's interest in any of the following:

- A tax-qualified retirement plan of a former employer (including a Section 401(a) plan),
- A traditional individual retirement account (IRA),
- A Section 403(a) or a Section 403(b) plan, or
- A Section 457(b) governmental deferred compensation plan.

The rollover contributions may contain only tax-deferred contributions and earnings and may not include any post-tax contributions. PERF may also accept trustee-to-trustee transfers from a Section 403(b) plan or a Section 457(b) governmental deferred compensation plan.

Members may pay directly for the cost of a service purchase in a single lump sum, or through installment payments over a period of up to five years. Any installment shall bear interest at a rate determined by the Board. Any payments are subject to applicable Internal Revenue Code limits and PERF may adjust any payments in a manner necessary to comply with those limits. PERF may deny an application for the purchase of service credit if the purchase would exceed the limitations under Section 415 of the Internal Revenue Code.

#### Distributions

If you purchase service and elect to withdraw from PERF Hybrid prior to becoming eligible to receive a monthly benefit, the amount you have paid plus the accumulated interest will be distributed to you.

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<b>MEMBER INFORMATION AND AUTHORIZATION TO RELEASE INFORMATION</b>			
Member name		Social Security number <i>(last 4 digits)*</i>	Pension ID (PID) number
Address		Telephone number with area code	Number of years to be purchased
City	State	ZIP Code	E-mail address
I authorize the release of any and all information as requested by the Fund pertaining to my application to purchase additional service credit.			
Member signature			Date <i>(mm/dd/yyyy)</i>

The current 2025 IRC section 415(c)(1)(A) after tax contribution limit is \$70,000.00. 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.

<b>CURRENT EMPLOYER INFORMATION AND CERTIFICATION</b>			
<i>** Base annual salary should be given exclusive of overtime, lump-sum bonuses, travel allowances, etc.</i>			
Employer name			Employer account number
Address			Telephone number with area code
City	State	ZIP Code	E-mail address
Employee position title		Date of hire <i>(mm/dd/yyyy)</i>	Employee annual salary** \$
I certify that the employee (member) named on this form is employed by us in a PERF Hybrid-covered position.			
Authorized agent signature			Date <i>(mm/dd/yyyy)</i>
Authorized agent name <i>(printed)</i>		Authorized agent title	Telephone number with area code

<b>PRIOR EMPLOYER INFORMATION AND CERTIFICATION</b>						
Employer name						
Address					Telephone number with area code	
City		State	ZIP Code	E-mail address		
TITLE OF POSITION	START DATE <i>(mm/dd/yyyy)</i>	END DATE <i>(mm/dd/yyyy)</i>	MONTHS WORKED IN A YEAR	STATUS		IF PART-TIME, HOURS PER YEAR
				Full time	Part-time	

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Member name	Social Security number (last 4 digits)*	Pension ID (PID) number
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**PRIOR EMPLOYER INFORMATION AND CERTIFICATION (Continued)**

Were any of these positions covered by a public employee or government-sponsored retirement plan?  Yes  No  
 If Yes, the PUBLIC EMPLOYEES' RETIREMENT SYSTEM CERTIFICATION section must be completed by the Plan.

I certify to the Indiana Public Retirement System/Public Employees' Retirement Fund that according to official records the employee (member) named on this form was employed as shown.

Authorized agent signature	Date (mm/dd/yyyy)	
Authorized agent name (printed)	Authorized agent title	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 a distribution or withdrawal.

Indicate the service balance (years/months) prior to the distribution or withdrawal from the Plan.	Years	Months
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Was any of this service purchased, transferred, or carried over from another system?  Yes  No

System from which the service was purchased, transferred or carried over and the years/months transferred.	Years	Months
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Is this person entitled to a retirement from your system based on the above service?  Yes  No

Has this person taken a distribution from your system?  Yes  No

Name of retirement fund or plan			
Address	City	State	ZIP Code

I certify to the Indiana Public Retirement System/Public Employees' Retirement Fund that according to official records the information provided in this section is true and correct.

Authorized agent' signature	Date (mm/dd/yyyy)	
Authorized agent name (printed)	Authorized agent title	Telephone number with area code

[IC 5-10.3-7-4.5](#)

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**IMPORTANT**

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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. 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 at (844) GO-INPRS, (844) 464-6777, Monday through Friday.

Entry field	Field description
<b>MEMBER INFORMATION AND AUTHORIZATION TO RELEASE INFORMATION</b>	
Member name	Enter the complete name of the member.
Social Security number*	Enter the member's Social Security number.*
Pension ID (PID) number	Enter the member's Pension ID (PID) number.
Address, City, State, ZIP Code	Enter the member's mailing address.
Telephone number	Enter telephone number including area code for the member.
Number of years to be purchased	Enter the number of years of service credit being requested.
E-mail address	Enter the member's e-mail address, if applicable.
Member signature	The member must sign and date this section of the form.
Date	The member must include the date the form was signed; format = mm/dd/yyyy.
<p>The current 2025 IRC section 415(c)(1)(A) after tax contribution limit is \$70,000.00. You must determine if this cost is in your allowed limit of post-tax contributions to a 401(a). Refer to the <a href="#">What are the annual compensation limits for all INPRS funds per IRC 401(a)(17)?</a> FAQ on the INPRS website.</p> <p>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.</p>	
<b>CURRENT EMPLOYER INFORMATION AND CERTIFICATION</b>	
Employer name	Enter the full name of the current employer.
Employer account number	This is the employer's account number with INPRS/PERF.
Employer address	Enter the employer's mailing address, city, state, and ZIP Code.
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 contact's name.
Date of hire	Enter the employee's date of hire for the current employer; format = mmddyyyy
Employee annual salary	Enter the employee's annual salary exclusive of overtime, lump-sum bonuses, travel allowances, etc.
Authorized agent signature	This form must be signed and dated by the employers' authorized agent.
Authorized agent printed name	This form must include the printed name of the authorized agent.
Date	This form must be signed and dated by the employer's authorized agent, format = mm/dd/yyyy.
Telephone number	Enter the authorized agent's telephone number with area code.
<b>PRIOR EMPLOYER INFORMATION AND CERTIFICATION</b>	
Employer name	Enter the full name of the prior employer.
Employer address	Enter the employer's mailing address, city, state, and ZIP Code.
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 = mmddyyyy.
End date	Enter the end date for each period of employment; format = mmddyyyy.
Months worked in a year	Enter the number of months worked in a year.
Status	Select either <b>Full time</b> or <b>Part-time</b> for each period of employment.
If part-time, hours per year	If <b>Part-time</b> is selected as the <b>Status</b> , enter the hours worked per year for each period of employment.
Authorized agent signature	This form must be signed and dated by the employers' authorized agent.
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.
Date	This form must be signed and dated by the employer's authorized agent, format = mm/dd/yyyy.
Telephone number	Enter the authorized agent's telephone number with area code.

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Entry field	Field description
<b>PUBLIC EMPLOYEES' RETIREMENT SYSTEM CERTIFICATION</b>	
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 <b>Years/Months</b> prior to the distribution from the Plan.
Was any of this service purchased . . .	Select <b>Yes</b> or <b>No</b> .
System from which service was purchased	Enter the name of the system and indicate the <b>Years/Months</b> transferred.
Is this person entitled to a retirement	Select <b>Yes</b> or <b>No</b> .
Has this person taken a distribution . . .	Select <b>Yes</b> or <b>No</b> .
Name of retirement fund or plan	Enter the name of the fund or plan from which the distribution was taken.
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.
Authorized agent printed name	This form must include the printed name of the authorized agent.
Authorized agent title	Enter the authorized agent's title.
Date	This form must be signed and dated by the plan's authorized agent, format = mm/dd/yyyy.
Telephone number	Enter the authorized agent's telephone number with area code.

<b>HELPFUL INFORMATION</b>			
	<b>INPRS/PERF</b>	<b>INTERNAL REVENUE SERVICE</b>	<b>INDIANA DEPARTMENT OF REVENUE</b>
<b>Telephone numbers</b>	(888) 526-1687 (Toll-free)	(800) 829-1040 (Toll-free)	(317) 233-2240 Indianapolis local
	(844) GO-INPRS Fax (Toll-free)	(800) 829-4477 TeleTax (Toll-free)	(317) 232-8729 Tax questions
		(800) 829-4059 TDD (hearing impaired) Toll-free	(317) 232-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
<b>Web site</b>	<a href="http://www.inprs.in.gov">www.inprs.in.gov</a>	<a href="http://www.irs.gov">www.irs.gov</a>	<a href="http://www.in.gov/dor">www.in.gov/dor</a>

- *Public Employees' Retirement Fund (PERF) Hybrid Member Handbook* – available from the INPRS website.
- *IRS Publication 575, Pension and Annuity Information* – available from the IRS website
- *IRS Publication 590, Individual Retirement Arrangements* – available from the IRS website