Reset Form

REQUEST FOR WITHDRAWAL FROM PENSION RELIEF SUB-ACCOUNT

State Form 53782 (R2 / 1-13)
Approved by State Board of Accounts, 2013

INDIANA PUBLIC RETIREMENT SYSTEM
PUBLIC EMPLOYEES' 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

INSTRUCTIONS

1. Return 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 as requested.
3. Request for a current balance may be sent to questions@inprs.in.gov. Attach a copy of a board resolution or other official document that evidences your capacity as an authorized signatory for the employer.
4. This completed form may be delivered to the lobby of INPRS at the address indicated on the form. Lobby hours are 8 a.m. to 5 p.m. on weekdays. The agency is closed on weekends and holidays, including all State-designated holidays.
5. Questions or changes? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m.- 8 p.m. EST.

IMPORTANT INFORMATION

Indiana Code (IC) *5-10.3-11-6* provides that PERF shall maintain separate accounts for each unit of local government. The law also provides that units of local government may make withdrawals from their separate account only one time each year for the purpose of paying pension benefits under *IC 36-8-6*, *IC 36-8-7*, or *IC 36-8-7.5*.

Effective July 1, 2009, *IC 5-10.3-11-6(b)* provides that a unit of government may pay from the unit's separate account all or part of either or both of the following:

1. The unit's employer contributions under *IC 36-8-8-6*, or
2. The contributions paid by the unit for a member under *IC 36-8-8-8(a)*.

EMPLOYER INFORMATION

Employer's name			Employer account number	Date *(mm/dd/yyyy)*
Address			Telephone number with area code	
City	State	ZIP Code	E-mail address	

WITHDRAWAL INFORMATION

Complete only the section that applies:

Withdrawal from the Pension Relief Sub-Account for the Payment of Pension Benefits

Withdrawal amount – Police (100)	Withdrawal amount – Fire (200)	Total

Withdrawal from the Pension Relief Sub-Account for the Payment of 1977 Fund Contributions

Withdrawal amount – Police (100)	Withdrawal amount – Fire (200)	Total	Quarter ended

AUTHORIZATION

I, on behalf of the employer, authorize the Public Employees' Retirement Fund (PERF) to withdraw the amount designated above from our separate account established pursuant to *IC 5-10.3-11-6*.

Authorized signature	Date *(mm/dd/yyyy)*
Printed name	Title