Reset Form

REQUEST FOR WITHDRAWAL FROM PENSION RELIEF SUB-ACCOUNT

State Form 53782 (R4 / 3-20)

INDIANA PUBLIC RETIREMENT SYSTEM
PUBLIC EMPLOYEES' RETIREMENT FUND
One North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (888) 876-2707 (Toll-free)
Fax: (866) 591-9441 (Toll-free)
E-mail: eppa@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 eppa@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) 876-2707, Monday – Friday, 8 a.m. to 8 p.m. ET.

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

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Entry field	Field description
EMPLOYER INFORMATION	
Employer's name	Enter the full name of the current employer.
Employer account number	This is the employer's account number with PERF.
Address	Enter the employer's mailing address, city, state, and ZIP Code.
Telephone number with area code	Enter the employer's telephone number with area code.
E-mail address	Enter the employer's 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)	Enter the amount to be withdrawn from the Police (100); otherwise, leave blank.
Withdrawal amount – Fire (200)	Enter the amount to be withdrawn from the Fire (200); otherwise, leave blank.
Total	Enter the total from the entries in this section.
Withdrawal from the Pension Relief Sub-Account for the Payment of 1977 Fund Contribution	
Withdrawal amount – Police (100)	Enter the amount to be withdrawn from the Police (100); otherwise, leave blank.
Withdrawal amount – Fire (200)	Enter the amount to be withdrawn from the Fire (200); otherwise, leave blank.
Total	Enter the total from the entries in this section.
Quarter ended	Enter the quarter ended
AUTHORIZATION	
Authorized signature	This form must be signed and dated by the employers' authorized agent; date format = mmddyyyy.
Date	This form must be signed and dated. Format = mm/dd/yyyy.
Printed name	This form must include the printed name of the authorized agent.
Title	Enter the authorized agent's title for this employer.

HELPFUL INFORMATION			
	INPRS/PERF	**INTERNAL REVENUE SERVICE**	**INDIANA DEPARTMENT OF REVENUE**
Telephone numbers	(888) 876-2707 (Toll-free)	(800) 829-1040 (Toll-free)	(317) 233-4018 Indianapolis local
	(866) 591-9441 Fax (Toll-free)	(800) 829-4477 TeleTax (Toll-free)	(317) 232-2240 Tax questions
		(800) 829-4059 TDD (Toll-free) 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