



## AUTHORIZED AGENT DESIGNATED TO PERFORM NECESSARY DUTIES

State Form 54190 (R8 / 1-25)

### INDIANA PUBLIC RETIREMENT SYSTEM

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### INSTRUCTIONS

1. The Authorized Agent or Superintendent for the Public Employees' Retirement Fund (PERF), Teachers' Retirement Fund (TRF), 1977 Police Officers' and Firefighters' Fund, Judges' Retirement System (JRS), Prosecuting Attorneys' Retirement Fund (PARF), or Excise, Gaming and Conservation Officers' Retirement Plan (EG&C) must be named. This person is responsible for all matters concerning the Fund and is authorized to accept pension liability; this person may designate an individual to perform administrative duties on their behalf.
2. The Clerk-Treasurer for Third Class Cities or Towns must be named and is the Authorized Agent per [IC 5-10.3-6-1.5](#).
3. For Charter Schools the signatory must be the Authorized Fiscal Agent or Organizer.\*
4. This completed, signed, and dated form may be faxed, mailed, or delivered to INPRS at the address shown on this form, Monday through Friday except weekends and State-designated holidays.
5. Employers enrolled in multiple Funds:
  - If only one Authorized Agent or Superintendent for multiple Submission Units, complete one form.
  - If the Authorized Agent **or** Superintendent is different for each **Submission Unit**, complete a separate form for each individual Authorized Agent **or** Superintendent.
6. Questions or changes? Call customer service, toll-free, at (888) 876-2707, Monday through Friday.

### PERF, TRF, 1977 FUNDS, JRS FUND, PARF, OR EG&C FUND EMPLOYER INFORMATION

Employer name			
Address (number and street)		City	State ZIP Code
Choose Fund and enter Submission Unit Number (Choose all that apply that have the same Authorized Agent or Superintendent.)			
<b>Fund</b>	<b>Submission unit number</b>	<b>Fund</b>	<b>Submission unit number</b>
<input type="checkbox"/> PERF		<input type="checkbox"/> TRF	
		<input type="checkbox"/> JRS	
<input type="checkbox"/> 1977 Fund – Police		<input type="checkbox"/> PARF	
<input type="checkbox"/> 1977 Fund – Fire		<input type="checkbox"/> EG&C Plan	
Email address		Telephone number with area code	
Authorized agent or Superintendent name (printed)*		Authorized agent or Superintendent title*	
Authorized agent or Superintendent signature*			Date (mm/dd/yyyy)
Head of governing body name (printed)		Head of governing body title	
Head of governing body signature			Date (mm/dd/yyyy)

### THIRD CLASS CITIES AND TOWNS POLITICAL SUBDIVISION INFORMATION

**For Third Class Cities and Towns** – The clerk-treasurer of a city or town is that city's or town's authorized agent for all matters concerning the fund. - [IC 5-10.3-6-1.5](#). Definition of Third-Class Cities and Towns is available from [IC 36-4-1-1](#).

Political subdivision name	Submission unit number	Fund
Email address	Telephone number with area code	
Authorized agent name (printed)	Authorized agent title <b>Clerk-Treasurer</b>	
Authorized agent signature	Date (mm/dd/yyyy)	
Head of governing body name (printed)	Head of governing body title	
Head of governing body signature	Date (mm/dd/yyyy)	

# INSTRUCTIONS FOR AUTHORIZED AGENT DESIGNATED TO PERFORM NECESSARY DUTIES

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## IMPORTANT

1. The Authorized Agent or Superintendent for the Public Employees' Retirement Fund (PERF), Teachers' Retirement Fund (TRF), 1977 Police Officers' and Firefighters' Fund, Judges' Retirement System (JRS), Prosecuting Attorneys' Retirement Fund (PARF), or Excise, Gaming and Conservation Officers' Retirement Plan (EG&C) must be named. This person is responsible for all matters concerning the Fund and is authorized to accept pension liability; this person may designate an individual to perform administrative duties on their behalf.
2. The Clerk-Treasurer for Third Class Cities or Towns must be named and is the Authorized Agent per [IC 5-10.3-6-1.5](#).
3. For Charter Schools the signatory must be the Authorized Fiscal Agent or Organizer.\*
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  - If the Authorized Agent **or** Superintendent is different for each **Submission Unit**, complete a separate form for each individual Authorized Agent **or** Superintendent.
6. Questions or changes? Call customer service, toll-free, at (888) 876-2707, Monday through Friday.

Entry field	Field description
<b>PERF, TRF, 1977 FUNDS, JRS FUND, PARF, OR EG&amp;C FUND EMPLOYER INFORMATION</b>	
Employer name	Enter the name of the employer.
Address, City, State, ZIP Code	Enter the complete address for the employer.
Choose Fund and enter Submission Unit Number	Choose all that apply. Select the Fund(s) and the Submission unit numbers.
Email address	Enter the email address for the employer.
Telephone number with area code	Enter the telephone number with area code for the employer.
Authorized agent or Superintendent name*	Enter the printed Authorized agent or Superintendent name, as applicable.*
Authorized agent or Superintendent title*	Enter the title of the Authorized agent or Superintendent, as applicable.*
Authorized agent or Superintendent signature*	The signature and date of the Authorized agent or Superintendent, as applicable, is required.*
Date	The signature and date of the Authorized agent or Superintendent, as applicable, is required. Format = mm/dd/yyyy.
Head of governing body name	Enter the printed Head of governing body's name.
Head of governing body title	Enter the Head of governing body's title.
Head of governing body signature	The signature and date of the Head of governing body, as applicable, is required.
Date	The signature and date of the Head of governing body, as applicable, is required. Format = mm/dd/yyyy.
<b>THIRD-CLASS CITIES AND TOWNS POLITICAL SUBDIVISION INFORMATION</b>	
Political subdivision name	Enter the name of the political subdivision.
Submission unit number	Enter the submission unit number.
Fund	Enter the Fund.
Email address	Enter the email address of the Political subdivision.
Telephone number with area code	Enter the telephone number with area code for the Political subdivision.
Authorized agent name	Enter the printed Authorized agent name.
Authorized agent title	This field is populated with the Clerk-Treasurer as the title.
Authorized agent	The signature and date of the Authorized agent is required.
Date	The signature and date of the Authorized agent is required. Format = mm/dd/yyyy.
Head of governing body name	Enter the printed Head of governing body's name.
Head of governing body title	Enter the Head of governing body's title.
Head of governing body signature	The signature and date of the Head of governing body is required.
Date	The signature and date of the Head of governing body is required. Format = mm/dd/yyyy.