Reset Form

AUTHORIZED AGENT DESIGNATED TO PERFORM NECESSARY DUTIES

State Form 54190 (R2 / 3-14)

INDIANA PUBLIC RETIREMENT SYSTEM
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Indianapolis, IN 46204-2014
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E-mail: eppa@inprs.in.gov
Web site: www.inprs.in.gov

INSTRUCTIONS

1. The Authorized Agent or Superintendent for the Public Employees' Retirement Fund (PERF), Teachers' Retirement Fund (TRF), 1977 Police and Firefighters Fund, Judges' Retirement Fund (JU), Prosecuting Attorneys' Retirement Fund (PARF), or State Excise Police, Gaming Agents and Conservation Enforcement Officers' Fund (C&E) 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 his or her 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. This completed form may be faxed, mailed, or delivered to INPRS at the address shown on this form. Lobby hours are 8 a.m. to 5 p.m., EST, Monday through Friday except State-designated holidays.
4. 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.

PERF, TRF, 1977 FUNDS, JUDGES' FUND, PARF, OR C&E FUND EMPLOYER INFORMATION

Employer's name

Choose Fund and enter Submission Unit Number *(Choose all that apply that have the same Authorized Agent or Superintendent.)*

Fund	Submission Unit Number	Fund	Submission Unit Number
☐ PERF		☐ TRF	
		☐ Judges' Fund	
☐ 1977 Fund – Police		☐ PARF	
☐ 1977 Fund – Fire		☐ C&E Fund	

E-mail address	Telephone number with area code
Authorized agent's or Superintendent's name *(printed)*	Authorized agent's or Superintendent's title
Authorized agent's or Superintendent's signature	Date *(mm/dd/yyyy)*
Head of governing body's name *(printed)*	Head of governing body's title
Head of governing body's 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.

Political subdivision name	Submission Unit Number	Fund
E-mail address	Telephone number with area code	
Authorized agent's name *(printed)*	Authorized agent's title ***Clerk-Treasurer***	
Authorized agent's signature		Date *(mm/dd/yyyy)*
Head of governing body's name *(printed)*	Head of governing body's title	
Head of governing body's signature		Date *(mm/dd/yyyy)*