



AUTHORIZED AGENT DESIGNATED TO PERFORM NECESSARY DUTIES

State Form 54190 (R9 / 2-26)

INDIANA PUBLIC RETIREMENT SYSTEM

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 Indianapolis, IN 46204-2014
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 Fax: (317) 234-6692
 Email: eppa@inprs.in.gov
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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' & Firefighters' Fund, and Judges' Retirement System (JRS) 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, OR JRS FUND EMPLOYER INFORMATION

Employer name				
Address (number and street)		City	State	ZIP Code
Choose a Fund and enter the Submission Unit Number (Choose all that apply that have the same Authorized Agent or Superintendent.)				
Fund	Submission unit number	Fund	Submission unit number	
<input type="checkbox"/> PERF		<input type="checkbox"/> 1977 Fund – Fire		
		<input type="checkbox"/> TRF		
<input type="checkbox"/> 1977 Fund – Police		<input type="checkbox"/> JRS		
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

<input type="checkbox"/> Check if your political subdivision is a third-class city or town.		
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 Clerk-Treasurer	
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)	

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Entry field	Field description
PERF, TRF, 1977 FUNDS, OR JRS FUND, EMPLOYER INFORMATION	
Employer name	Enter the name of the employer.
Address, City, State, ZIP Code	Enter the complete address for the employer.
Choose a Fund and enter the Submission Unit Number	Choose all that apply. Select the Fund(s) and enter the Submission unit numbers.
E-mail address	Enter the e-mail 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.
THIRD-CLASS CITIES AND TOWNS POLITICAL SUBDIVISION INFORMATION	
Check if your political subdivision is a third-class city or town	Check here if your political subdivision is a third-class city or town. When checked the remainder of the fields are available for completion.
Political subdivision name	Enter the name of the political subdivision.
Submission unit number	Enter the submission unit number.
Fund	Enter the Fund.
E-mail address	Enter the e-mail 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.