

1977 POLICE OFFICERS' & FIREFIGHTERS' FUND (1977 FUND) REQUEST TO PURCHASE OUT-OF-STATE SERVICE CREDIT

State Form 53956 (R12 / 10-25)

INDIANA PUBLIC RETIREMENT SYSTEM 1977 POLICE OFFICERS' & FIREFIGHTERS' PENSION & DISABILITY FUND

One North Capitol Avenue, Suite 001 Indianapolis, IN 46204-2014 Telephone: (844) GO-INPRS, (844) 464-6777 (Toll-free) Fax: (866) 591-9441 (Toll-free)

E-mail: <u>questions@inprs.in.gov</u>
Web site: <u>www.inprs.in.gov</u>

* This agency is requesting disclosure of Social Security numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory, and this form cannot be processed without it.

INSTRUCTIONS

- 1. Remove the instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown on this form.
- 2. Type or print using black ink. Complete all information and place the Member's name, Social Security number and Pension ID number at the top of each page as requested.
- 3. Complete the MEMBER INFORMATION AND AUTHORIZATION TO RELEASE INFORMATION section of this form. Have your current employer complete the CURRENT EMPLOYER INFORMATION AND CERTIFICATION section of this form and your previous employer complete the PRIOR EMPLOYER INFORMATION AND CERTIFICATION section of this form. If any of your service with a prior employer was covered by a public employee or government-sponsored retirement plan, that plan must complete the PUBLIC EMPLOYEES' RETIREMENT SYSTEM CERTIFICATION section of this form.
- 4. This completed, signed, and dated form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on the form. The agency is closed on weekends and holidays, including all State-designated holidays.
- 5. Questions? Call customer service, Toll-free at (844) GO-INPRS, (844) 464-6777, Monday through Friday.

MEMBER INFORMATION AND AUTHORIZATION TO RELEASE INFORMATION									
Member name			So	ocial S	Security number	(last 4 di	igits)*	Pension ID (PID) number	
Address (number and street)			Telephone number with area code			code N	Number of years to be purchased		
City State		ZIP Code E-mail address		ss					
Marital status (check one) Spouse name (if applicable) ☐ Single ☐ Married					Spouse date of birth (mm/dd/yyyy)				
I authorize the release of any and all information as requested by the Fund pertaining to my application to purchase out-of-state service credit.									
Member signature						Date (mm/dd/yyyy)			
							_		
The current Internal Revenue Code (IRC) section 415(c)(1)(A) after tax contribution limit is available from www.irs.gov . You must determine if this cost is in your allowed limit of post-tax contributions to a 401(a). Refer to the What are the annual compensation limits for all INPRS funds per IRC 401(a)(17)? FAQ on the INPRS website.									
This means that you may not submit a check, or other after-tax money, to INPRS in an amount more than the IRC 415(c)(1)(A) limit in one year. The limit is adjusted annually. Refer to www.irs.gov for the appropriate year.									
CURRENT EMPLOYER INFORMATION AND CERTIFICATION									
** The first-class salary for the unit.									
Employer name							E	Employer account number	
Address (number and street) Tele					Telepho	phone number with area code			
City		State		ZIP Code E-mail address			s		
Employee position title				•	Date of hire (n	nm/dd/yyy	y) E	mployee annual salary**	
					<u> </u>		ΙΨ		

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Member name			Social Security number (last 4 digits)* Pension ID (PII					(PID) nun	nber
CURRENT EMPLOYER INFORMATION AND CERTIFICATION (Continued)									
I certify that the employee (member) named on this form is employed by us in a 1977 Fund-covered position.									
Authorized agent signature						Date (mm/dd/yyyy)			
Authorized agent name (printed)	Authorized a	gent	title		Telepho	Telephone number with area code			
PRIOR EMP	LOYER INFO)RM	ATION AN	D CERTIFICA	TION				
Employer name									
Address (number and street)				Te	elephone n	umber	with ar	ea code	
City	State	ZIP	Code	E-mail address					
TITLE OF POSITION)N			START DATE (mm/dd/yyyy)		END DATE YEARS OF (mm/dd/yyyy) SERVICE			
					·				
Were any of these positions covered by a public employee or government-sponsored retirement plan?									
I certify to the Indiana Public Retirement Syster official records the employee (member) named	n/1977 Police on this form is	Office	ers' and Fire	efighters' Pensic	n and Disa	bility F	und the	t accordir	ng to
Authorized agent signature									
Authorized agent name (printed) Authorized agent title				Telephor	Telephone number with area code				
DUDI IC EMDI	VEES, BET	IDEN	AENT OVO	TEM CEDTIE	CATION				
PUBLIC EMPLOYEES' RETIREMENT SYSTEM CERTIFICATION This section is to be completed by the authorized agent of the plan from which the employee (member) named in this form received								/ed	
a distribution or withdrawal. Indicate the service balance (years/months) prior to the distribution or withdrawal from the Plan.							Years	Mon	ths
Was any of this service purchased, transferred	or carried ove	r fror	n another s	vstem?	Yes □ N	0			
Was any of this service purchased, transferred, or carried over from another system?									
Is this person entitled to a retirement from your system based on the above service?									
Has this person taken a distribution from your system? ☐ Yes ☐ No									
Name of retirement fund or plan	-								
Address (number and street) City					State		ZIP Code		
I certify to the Indiana Public Retirement System/1977 Police Officers' and Firefighters' Pension and Disability Fund that according to official records the information provided in this section is true and correct.								ng to	
Authorized agent signature					Date (mm/dd/yyyy)				
Authorized agent name (printed)	zed agent name (printed) Authorized agent title			Telephone number with area code					

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GENERAL INFORMATION

<u>IC 36-8-8-8.8</u> provides for the purchase of out-of-state service credit with the 1977 Police Officers' and Firefighters' Pension and Disability Fund (1977 Fund). In order to qualify for the purchase of this credit, you must meet the following criteria:

- 1. You must complete service after June 30, 2010, for which the 1977 Fund gives credit.
- 2. You must have at least one year of credited service in the 1977 Fund.
- 3. Your out-of-state service must be in a comparable position for which you would receive service credit in the 1977 Fund if the service had been performed in Indiana.

A fund member must have at least 20 years of service before the fund member may receive a benefit based on service credit purchased under this section.

A fund member may not receive service credit under this section if the service for which the fund member requests credit also qualifies the fund member for a benefit in another governmental retirement system other than under the federal Social Security Act.

A fund member who: (1) terminates service before satisfying the eligibility requirements necessary to receive a retirement benefit payment from the 1977 Fund; or (2) receives a retirement benefit for the same service from another retirement system, other than under the federal Social Security Act; may withdraw the fund member's contributions made under this section plus accumulated interest after submitting to the 1977 Fund a properly completed application for a refund.

Procedures for Purchase of Service

Complete the MEMBER INFORMATION AND AUTHORIZATION TO RELEASE INFORMATION section of this form. Have your current employer complete the CURRENT EMPLOYER INFORMATION AND CERTIFICATION section of this form and your previous employer complete the PRIOR EMPLOYER INFORMATION AND CERTIFICATION section of this form. If any of your service with a prior employer was covered by a public employee or government-sponsored retirement plan, that plan must complete the PUBLIC EMPLOYEES' RETIREMENT SYSTEM CERTIFICATION section. INPRS will calculate the cost of the service and return a purchase agreement to you. If you want to purchase the service, you must complete the agreement and return it to INPRS with your payment.

To the extent permitted by the Internal Revenue Code and the applicable regulations, the 1977 Fund may accept, on behalf of a fund member who is purchasing service credit, a rollover of a distribution from any of the following:

- A qualified plan described in Section 401(a) or Section 403(a) of the Internal Revenue Code.
- An annuity contract or account described in Section 403(b) of the Internal Revenue Code.
- An eligible plan that is maintained by a state, a political subdivision of a state, or an agency or instrumentality of a state or a political subdivision of a state under Section 457(b) of the Internal Revenue Code.
- An individual retirement account or annuity described in Section 408(a) or 408(b) of the Internal Revenue Code.

To the extent permitted by the Internal Revenue Code and the applicable regulations, the 1977 Fund may accept, on behalf of a fund member who is purchasing service credit, a trustee-to-trustee transfer from any of the following:

- An annuity contract or account described in Section 403(b) of the Internal Revenue Code.
- An eligible deferred compensation plan under Section 457(b) of the Internal Revenue Code.

Distributions

A fund member who terminates service before satisfying the eligibility requirements necessary to receive a retirement benefit payment from the 1977 Fund; or receives a retirement benefit for the same service from another retirement system, other than under the federal Social Security Act; may withdraw the contributions made for the purchase plus accumulated interest after submitting a properly completed application to the 1977 Fund.

INSTRUCTIONS FOR

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IMPORTANT

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- Type or print using black ink. Complete all information and place the Member's name, Social Security number and Pension ID number at the top of each page as requested.
- 3. Complete the MEMBER INFORMATION AND AUTHORIZATION TO RELEASE INFORMATION section of this form. Have your current employer complete the CURRENT EMPLOYER INFORMATION AND CERTIFICATION section of this form and your previous employer complete the PRIOR EMPLOYER INFORMATION AND CERTIFICATION section of this form. If any of your service with a prior employer was covered by a public employee or government-sponsored retirement plan, that plan must complete the PUBLIC EMPLOYEES' RETIREMENT SYSTEM CERTIFICATION section of this form.
- 4. This completed, signed, and dated form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on the form. The agency is closed on weekends and holidays, including all State-designated holidays.
- 5. Questions? Call customer service, Toll-free at (844) GO-INPRS, (844) 464-6777, Monday through Friday.

Entry field	Field description				
MEMBER INFORMATION AND AUTHORIZATION TO RELEASE INFORMATION					
Member name	Enter the member's complete name.				
Social Security number*	Enter the member's Social Security number (last 4 digits).*				
Pension ID (PID) number	Enter the member's Pension ID (PID) number.				
Address, City, State, ZIP Code	Enter the member's mailing address.				
Telephone number	Enter the member's telephone number including area code.				
Number of years to be purchased	Enter the number of years of service credit being purchased.				
E-mail address	Enter the member's e-mail address, if applicable.				
Marital status	Check one, either Married or Single.				
Spouse name	Enter the spouse's complete name, if applicable.				
Spouse date of birth	Enter the spouse's date of birth; format = mm/dd/yyyy				
Member signature	The member must sign and date this section of the form; date format = mm/dd/yyyy.				

The current Internal Revenue Code (IRC) section 415(c)(1)(A) after tax contribution limit is available from www.irs.gov. You must determine if this cost is in your allowed limit of post-tax contributions to a 401(a). Refer to the What are the annual compensation limits for all INPRS funds per IRC 401(a)(17)? FAQ on the INPRS website.

This means that you may not submit a check, or other after-tax money, to INPRS in an amount more than the IRC 415(c)(1)(A) limit in one year. The limit is adjusted annually. See $\underline{www.irs.gov}$ for the appropriate year.

CURRENT EMPLOYER INFORMATION AND CERTIFICATION						
Enter the full name of the current employer.						
This is the employer's account number with INPRS/1977 FUND.						
Enter the employer's mailing address.						
Enter the employer's telephone number with area code.						
Enter the employer's e-mail address						
Enter the employee's position title.						
Enter the employee's date of hire for the current employer; date format =						
mm/dd/yyyy.						
Enter the first-class salary for the unit.						
This form must be signed and dated by the employers' authorized agent; date format						
= mm/dd/yyyy.						
This form must include the printed name of the authorized agent.						
This form must include the authorized agent's title.						
This form must be signed and dated by the employers' authorized agent; date format						
= mm/dd/yyyy.						
Enter the authorized agent's telephone number with area code.						
PRIOR EMPLOYER INFORMATION AND CERTIFICATION						
Enter the full name of the prior employer.						
Enter the employer's mailing address.						
Enter the employer's telephone number with area code.						
Enter the employer's e-mail address						
Enter the employee's position title for each period of employment.						
Enter the start date for each period of employment; date format = mm/dd/yyyy.						
Enter the end date for each period of employment; date format = mm/dd/yyyy.						
Enter the years of service.						

INSTRUCTIONS FOR

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Entry field	Field description					
Authorized agent signature	This form must be signed and dated by the employers' authorized agent; date format = mm/dd/yyyy.					
Date	This form must be signed and dated by the employers' authorized agent; date format = mm/dd/yyyy.					
Authorized agent printed name	This form must include the printed name of the authorized agent.					
Authorized agent title	Enter the authorized agent's title for this employer.					
Telephone number	Enter the authorized agent's telephone number with area code.					
PUBLIC EN	PUBLIC EMPLOYEES' RETIREMENT SYSTEM CERTIFICATION					
This section is completed by the fund or plan	referred to in the PRIOR EMPLOYER INFORMATION AND CERTIFICATION section.					
Indicate the service balance	Enter the service balance in Years/Months prior to the distribution from the Plan.					
Was any of this service purchased	Select Yes or No .					
System from which service was purchased	Enter the name of the system and indicate the Years/Months transferred.					
Is this person entitled to a retirement	Select Yes or No .					
Has this person taken a distribution	Select Yes or No.					
Name of retirement fund or plan	Enter the name of the fund or plan from which the distribution was taken.					
Address, City, State, ZIP Code	Enter the plan's mailing address, city, state, and ZIP Code.					
Authorized agent signature	This form must be signed and dated by the plan's authorized agent; date format =					
Date	mm/dd/yyyy. This form must be signed and dated by the employers' authorized agent; date format					
A (I · I · I · I	= mm/dd/yyyy.					
Authorized agent printed name	This form must include the printed name of the authorized agent.					
Authorized agent title	Enter the authorized agent's title.					
Telephone number	Enter the authorized agent's telephone number with area code.					

HELPFUL INFORMATION							
	INPRS/1977 FUND	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE				
	(844) GO-INPRS (Toll-free)	(800) 829-1040 (Toll-free)	(317) 233-2240 Indianapolis local				
Telephone	(844) 464-6777 (Toll-free)	(800) 829-4477 TeleTax (Toll-free)	(317) 232-8729 Tax questions				
numbers	(866) 591-9441 Fax (Toll-free)	(800) 829-4059 TDD (Toll-free) hearing impaired	(317) 232-4952 TDD (hearing impaired)				
			(317) 233-2329 Fax				
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor				