REQUEST TO PURCHASE OUT-OF-STATE SERVICE CREDIT

State Form 53956 (R2 / 5-13)

Approved by the State Board of Accounts, 2013

INDIANA PUBLIC RETIREMENT SYSTEM
1977 POLICE OFFICERS' & FIREFIGHTERS' PENSION & DISABILITY FUND
1 North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (888) 526-1687 (Toll-free)
Fax: (866) 591-9441 (Toll-free)
E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

* 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 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? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m.- 8 p.m. EST.

MEMBER INFORMATION AND AUTHORIZATION TO RELEASE INFORMATION

Member's name		Social Security number *(last 4 digits)**	Pension ID (PID) number
Address *(number and street)*		Telephone number with area code	Number of years to be purchased
City	State	ZIP Code	E-mail address

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's signature	Date *(mm/dd/yyyy)*

CURRENT EMPLOYER INFORMATION AND CERTIFICATION

** The first-class salary for the unit.*

Employer's name			Employer account number
Address *(number and street)*			Telephone number with area code
City	State	ZIP Code	E-mail address
Employee's position title		Date of hire *(mm/dd/yyyy)*	Annual salary* $

I certify that the employee (member) named on this form is employed by us in a 77 Fund-covered position.

Authorized agent's signature		Date *(mm/dd/yyyy)*
Authorized agent's name *(printed)*	Authorized agent's title	Telephone number with area code

Member's name	Social Security number *(last 4 digits)**	Pension ID (PID) number

PRIOR EMPLOYER INFORMATION AND CERTIFICATION

Employer's name			
Address *(number and street)*			Telephone number with area code
City	State	ZIP Code	E-mail address

TITLE OF POSITION	START DATE *(mm/dd/yyyy)*	END DATE *(mm/dd/yyyy)*	MONTHS WORKED IN A YEAR	STATUS		IF PART-TIME, HOURS PER YEAR
				Full-time	Part-time	

Were any of these positions covered by a public employee or government-sponsored retirement plan? ☐ Yes ☐ No
If Yes, the PUBLIC EMPLOYEES' RETIREMENT SYSTEM CERTIFICATION section must be completed by the Plan.

I certify to the Indiana Public Retirement System/1977 Police Officers' and Firefighters' Pension and Disability Fund that according to official records the employee (member) named on this form is employed as shown.

Authorized agent's signature		Date *(mm/dd/yyyy)*
Authorized agent's name *(printed)*	Authorized agent's title	Telephone number with area code

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 a distribution or withdrawal.

Indicate the service balance (years/months) prior to the distribution or withdrawal from the Plan.	Years	Months

Was any of this service purchased, transferred, or carried over from another system? ☐ Yes ☐ No

System from which service was purchased, transferred or carried over and the years/months transferred.	Years	Months

Is this person entitled to a retirement from your system based on the above service? ☐ Yes ☐ No

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.

Authorized agent's signature		Date *(mm/dd/yyyy)*
Authorized agent's name *(printed)*	Authorized agent's title	Telephone number with area code

IC 36-8-8-8.8

INSTRUCTIONS FOR

REQUEST TO PURCHASE OUT OF STATE SERVICE CREDIT

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IMPORTANT

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. 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.
4. Questions? Call customer service, toll-free, at (888) 526-1687, Monday – Friday, 8 a.m.- 8 p.m. EST.

GENERAL INFORMATION

Indiana Code *IC 36-8-8-8.8* 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.

Entry field	Field description
MEMBER INFORMATION AND AUTHORIZATION TO RELEASE INFORMATION	
Member's name	Enter the member's complete name.
Social Security number	Enter the member's Social Security number.
Pension ID (PID) number	Enter the member's Pension ID (PID) number.
Address, City, State, ZIP Code	Enter the member's street or 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.
Member's signature	The member must sign and date this section of the form; format = mm/dd/yyyy.

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CURRENT EMPLOYER INFORMATION AND CERTIFICATION	
Employer's name	Enter the full name of the current employer.
Employer account number	This is the employer's account number with INPRS/1977 FUND.
Employer's address	Enter the employer's street or mailing address, city, state, and ZIP Code.
Telephone number	Enter the employer's telephone number with area code.
E-mail address	Enter the employer's e-mail address
Employee's position title	Enter the employee's position title.
Date of hire	Enter the employee's date of hire for the current employer; format = mmddyyyy.
Annual salary	Enter the first-class salary for the unit.
Authorized agent's signature	This form must be signed and dated by the employers' authorized agent; format = mmddyyyy.
Authorized agent's printed name	This form must include the printed name of the authorized agent.
Authorized agent's title	This form must include the authorized agent's title.
Telephone number	Enter the authorized agent's telephone number with area code.
PRIOR EMPLOYER INFORMATION AND CERTIFICATION	
Employer's name	Enter the full name of the prior employer.
Employer's address	Enter the employer's street or mailing address, city, state, and ZIP Code.
Telephone number	Enter the employer's telephone number with area code.
E-mail address	Enter the employer's e-mail address
Title of position	Enter the employee's position title for each period of employment.
Start date	Enter the start date for each period of employment; format = mmddyyyy.
End date	Enter the end date for each period of employment; format = mmddyyyy.
Months worked in a year	Enter the number of months worked in a year.
Status	Select either **Full-time** or **Part-time** for each period of employment.
If part-time, hours per year	If **Part-time** is selected as the **Status**, enter the hours worked per year for each period of employment.
Authorized agent's signature	This form must be signed and dated by the employers' authorized agent; format = mmddyyyy.
Authorized agent's printed name	This form must include the printed name of the authorized agent.
Authorized agent's title	Enter the authorized agent's title for this employer.
Telephone number	Enter the authorized agent's telephone number with area code.
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 street or mailing address, city, state, and ZIP Code.
Authorized agent's signature	This form must be signed and dated by the plan's authorized agent; format = mmddyyyy.
Authorized agent's printed name	This form must include the printed name of the authorized agent.
Authorized agent's 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
Telephone numbers	(888) 526-1687 (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