



# Payment/Purchase Acknowledgement

Form 12 – Revised 04/01/2014

Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

## 1 Member Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_  Cellular  Home  Work Phone: \_\_\_\_\_  Cellular  Home  Work

## 2 Retirement Plan – Plans are governmental defined benefit plans qualified under Section 401(a) of the Internal Revenue Code. Select applicable plan.

- Public Employees' Retirement System of Mississippi (PERS)       Mississippi Highway Safety Patrol Retirement System (MHSPRS)
- Supplemental Legislative Retirement Plan (SLRP)       Municipal Retirement Systems (MRS) City: \_\_\_\_\_

## 3 Payback/Purchase Option – Select one.

- Payback Refund of Withdrawn Contributions       Purchase of Out-of-State Service Credit
- Adjustment for Non-Covered, Retroactive, or Other Service for which Contributions Have Not Been Made       Purchase of Professional Leave

## 4 Payment Information and Member Acknowledgment – Obtain your current cost schedule from PERS to determine the cost of service credit quarters to be purchased then, attach the schedule to this form when you submit the form to PERS.

Payment amount: \$ \_\_\_\_\_  Payment in full  Partial Payment      Service credit to purchase: \_\_\_\_\_ years \_\_\_\_\_ quarters

Select one payment option below.

**Rollover from an Eligible Retirement Plan or IRA** – Sign below and have the plan provider of your rollover source complete Section 5 of this form before mailing to PERS.

I acknowledge that, if the distribution from the rollover source named under Section 5 of this form is less than the cost of the service credit purchased, I must remit a personal check or cashier's check for the difference. I also understand that the transfer from the rollover source named under Section 5 of this form may not exceed the cost of the service credit to be purchased or reinstated. With that understanding, I hereby authorize the plan provider named under Section 5 of this form to transfer the payment amount listed under Section 4 of this form to the retirement plan indicated under Section 2 of this form.

**Pay by Check, Cashier's Check, or Money Order** – Make check payable to the applicable retirement plan selected in Section 2. Sign below to complete this form. Do not complete Section 5. Mail payment with completed form to PERS. Do not tape or staple check to form. PERS does not allow two-party checks.

Member's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_

## 5 Rollover Source Information – To be completed by the plan provider representative.

Plan/IRA Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_ - \_\_\_\_\_

Plan Provider Name (if not the same as Plan/IRA Name): \_\_\_\_\_

Plan Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Plan Representative's Name: \_\_\_\_\_ Representative's Title: \_\_\_\_\_

I certify that on \_\_\_\_\_ (Date mm/dd/ccyy), \_\_\_\_\_ (account holder's name), \_\_\_\_\_ (account holder's SSN), received or will receive a taxable distribution from the eligible retirement plan or IRA named above in the amount of \$\_\_\_\_\_ in tax-deferred contributions. I understand that PERS, a governmental defined benefit plan qualified under Section 401(a) of the Internal Revenue Code, will accept only tax-deferred contributions via direct rollover up to the amount reflected on the referenced cost schedule.

- Select one account type:  IRA 408(a)       IRA Annuity 408(b)       Qualified Plan 401(a)/401(k)       Deferred Compensation Plan 457(b)
- SEP IRA 408(k)       Qualified Annuity 403(a)       Tax-sheltered Annuity 403(b)       SIMPLE IRA 408(p) (participation ≥ 2 years)

I am the plan representative with respect to the eligible retirement plan or individual retirement account named above, and I certify that the above information is true and correct.

Plan Representative Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_