PERS of MISSISSIPPI

Payment/Purchase Acknowledgement

Form 12 – Revised 2/11/2026

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

❶ Member Information

First Name: _____ MI:_____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Social Security No.: _____E-Mail: _____

Mobile Phone: _____ Other Phone: _____

❷ 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) (Tiers 1-4) ☐ Mississippi Highway Safety Patrol Retirement System (MHSPRS)

☐ Supplemental Legislative Retirement Plan (SLRP)

❸ 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☐ Payback Refund of Withdrawn Contributions ☐ Purchase of Out-of-State Service Credit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

❹ 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 $ _____ ☐ In Full ☐ Partial Is amount an additional payment to complete an exact quarter purchase? ☐ Yes ☐ No

Service Credit to Purchase: _____ years _____quarters _____months

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*: _____

❺ 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*:_____

Public Employees' Retirement System of Mississippi
429 Mississippi Street, Jackson, MS 39201-1005 800.444.7377 601.359.3589 601.359.5262, *fax* www.pers.ms.gov

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